

Utility of Cytology in Head and Neck Pathology - A One Year Study

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ABSTRACT

Introduction: Head and neck lesions most commonly arise in cervical lymph nodes followed by thyroid gland, soft tissues and salivary gland. Fine Needle Aspiration Cytology (FNAC) is a pre surgical procedure done on OPD basis having advantages like; it is simple, minimally invasive, cost effective and repeatable diagnostic tool. Even though these lesions are common, clinicians routinely face problems in their diagnosis. Hence FNAC plays an important role in providing quick and accurate diagnosis guiding the clinician for appropriate treatment.

Aim and objectives:

1. To study the occurrence of various head and neck lesions in this region;
2. To study the cytological features of various head and neck lesions;
3. To emphasize the utility of FNAC in the diagnosis of head and neck lesions.

Materials and methods: A retrospective study was conducted among 500 patients with palpable head and neck lesions including oral cavity attending the Department of Pathology Gulbarga Institute of Medical Sciences, Kalaburagi from January to December 2018.

Results: A total of 500 FNAC cases of head and neck lesions were included in the present study in which 172 (34.4%) were males and 328 (65.6%) were females. Patient's age ranged from 8 months to 80 years. Peak incidence was seen in between 21-40 years of age. Lymph node lesions 201 (40.2%), were the most common, followed by thyroid lesions 138 (27.6%). Soft tissues 123 (24.6%) and lesions from major and minor salivary glands 25 (5%) were the head and neck lesions seen in this study.

Reactive lymphadenitis (105), colloid goiter (78), epidermoid cyst (62) and pleomorphic adenoma (12) were the predominant diagnosis of lymph nodes, thyroid gland, soft tissues and salivary gland lesions, respectively. Secondary to the lymph nodes were seen in 13 (6.46%) cases.

Conclusion: We conclude that FNAC is a reliable and first line investigative procedure in the diagnosis of head and neck lesions. It differentiates inflammatory from neoplastic lesions and guides the clinician for appropriate treatment and avoids unnecessary surgeries for non-neoplastic lesions.

Keywords: FNAC, Head and neck, Lymph node hyperplasia

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