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Ambulatory Care Rotation  
Journal Article  
06/15/2026

Pynnonen, M. A., Gillespie, M. B., Roman, B., Rosenfeld, R. M., Tunkel, D. E., Bontempo, L., Brook, I., Chick, D. A., Colandrea, M., Finestone, S. A., Fowler, J. C., Griffith, C. C., Henson, Z., Levine, C., Mehta, V., Salama, A., Scharpf, J., Shatzkes, D. R., Stern, W. B., Youngerman, J. S., ... Corrigan, M. D. (2017). Clinical Practice Guideline: Evaluation of the Neck Mass in Adults. *Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery*, 157(2\_suppl), S1–S30.  
<https://doi.org/10.1177/0194599817722550>

### **Purpose:**

To develop and present evidence-based clinical practice guidelines for the evaluation of an adult neck mass, with the goal of:

- Improving early detection of malignancy (especially head and neck cancer)
- Reducing delays in diagnosis
- Standardizing appropriate use of imaging, biopsy, and referral
- Minimizing unnecessary testing in low-risk patients

Emphases: Persistent neck mass in adults should be considered malignant until proven otherwise

### **Methods:**

- Developed by the AAO-HNSF multidisciplinary guideline panel
- Conducted a systematic review of the literature (including guidelines, systematic reviews, and primary studies)
- Evidence was appraised using standardized grading systems (quality of evidence + benefit/harm balance)
- External review and public comment were incorporated before final approval
- Recommendations were structured as Strong recommendations, Options, No recommendations / insufficient evidence

### **Results:**

1. Initial Evaluation
  - Any adult with a neck mass >2 weeks that is not clearly infectious should be evaluated for malignancy.
  - High-risk features include:
    - Age >40
    - Tobacco or alcohol use
    - Firm, fixed, or >1.5 cm mass
2. Avoid Empiric Antibiotics

- Clinicians should not routinely prescribe antibiotics for a persistent neck mass unless there are clear signs of infection.
3. Imaging
    - If malignancy is suspected, obtain contrast-enhanced CT or MRI of neck
    - Avoid ultrasound as sole imaging in high-risk adults
  4. Biopsy
    - If diagnosis remains uncertain after imaging perform FNA (fine needle aspiration) rather than open biopsy
  5. Endoscopy
    - Perform laryngoscopy (panendoscopy or flexible scope) if no obvious diagnosis is found.
  6. Timely referral
    - Patients should be referred to a head and neck specialist early when malignancy is suspected.

**Strengths:**

- Strong evidence-based methodology
- Multidisciplinary expert panel (ENT, radiology, oncology, primary care)
- Clear, actionable recommendations for clinical practice
- Focus on reducing diagnostic delay in head and neck cancer
- Improves standardization across specialties

**Weaknesses:**

- Limited randomized controlled trial data (many recommendations based on observational studies + expert consensus)
- Generalizability may vary in resource-limited settings
- Does not address newer molecular/biomarker-based diagnostic tools in depth

**Impact on Patient Care:**

- Promotes earlier recognition of head and neck cancers
- Reduces inappropriate use of:
  - Empiric antibiotics
  - Delayed workup of persistent masses
- Encourages earlier imaging, biopsy, and specialist referral
- Likely leads to:
  - Faster diagnosis
  - Earlier-stage cancer detection
  - Improved survival outcomes
- Helps standardize care and reduce variation among providers