

Incidental findings in the head and neck

June 11, 2019: Timothy Beale, London/UK

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Current appointment

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Professional background

- Secretary British Society of Head and Neck Imaging 2004-2008
- Vice president 2008-2010
- President 2010-2012
- European subcommittee Head and Neck Radiology (ECR) 2008-2011
- Congress President ESHNR BSHNI BSDMFR 27-29 Sept 2018 London UK
- Chairman Head and Neck Scientific subcommittee ECR 2020
- Special interest group Lead RCR for Head and Neck 2010-2012
- RCR lead head and neck for 'make better use of radiology' (MBUR) 7th Edition
- Fellow of European Society of Head and Neck Radiologists and committee member 2013-present
- MSC Imaging coordinator/lecturer/examiner Audiovestibular medicine
- Regular visiting fellows from across the world: In last 2 years from Australia, NZ, Portugal, Italy, Norway

European position paper / WHO position paper

- Radiology advisor European position paper on sinonasal anatomy 2014.
- Radiology Advisor European position paper on endoscopic management of tumours of the nose, paranasal sinuses and skull base 2010
- Pathology and Genetics of Head and Neck Tumours (WHO guidelines)

Publications

- Published 50 peer reviewed papers in diverse areas (head and neck imaging)

Abstract

The lecture will cover the following 4 areas in the head and neck where incidental findings are most commonly reported and further investigations often requested:

- Sinuses
- Petromastoid
- Thyroid
- CBCT

Following a review of the medical literature I will suggest a method of managing these incidental findings in what is still a controversial area. I suspect that the management of incidental findings in the head and neck will continue to evolve as an increasing number of patients undergo medical imaging and the issue of incidental findings and over diagnosis becomes more and more topical.

Learning Objectives

1. To review the most common incidentalomas seen on routine head and neck examinations
2. To discuss their differential diagnosis and key imaging features
3. To describe the clinical reasoning and recommendations for further work-up
4. To highlight the significance of effectively counseling the prescribing physicians and their patients.

Test Your Knowledge

Only one answer is correct.

1. Approximately what percentage of incidental findings in the head and neck are unlikely to be a benefit to the patient (a burden)?
 - a. 30-50%
 - b. 50-60%
 - c. 60-70%
 - d. 70-90%
 - e. >90%
2. Approximately what percentage of children (<18 years) have inflammatory changes on MRI in the sinuses?
 - a. 20%
 - b. 30%
 - c. 50%
 - d. 70%
 - e. 90%
3. Which of the following signs of mastoiditis on MRI are true?
 - a. T2 signal of mastoid air cells = CSF and subtle enhancement
 - b. T1 high signal of mastoid air cells
 - c. Subtle enhancement and no restriction
 - d. ADC >1.72

- e. Intense enhancement, T2 signal less than CSF and restricted diffusion
4. In diffuse thyroid uptake on FDG-PET what percentage are malignant?
- a. < 5%
 - b. 10-20%
 - c. 20-30%
 - d. 30-50%
 - e. >50%
5. What is the approximate lifetime probability of untreated papillary thyroid microcarcinoma progressing over a 10-year period if patient older than 40 years of age?
- a. 30%
 - b. 5%
 - c. 20%
 - d. 40%
 - e. 50%