

Self-assessment

Questions

Case 1

An 8 year-old boy attends the Emergency Department with a 4-day history of sore throat, cough and neck lump, which is increasing in size. He has a background of renal stones with no identified underlying cause and there is no significant family history. On the day of admission, he has six episodes of vomiting. His mother also mentions a “duh” sound on expiration and that his voice has become more high-pitched in the last 24 hours.

On examination, his height and weight are on the 75th centile. He is clinically well and afebrile with no evidence of hepatosplenomegaly or generalised lymphadenopathy. He does, however, have a diffuse neck lump, left of the midline and approximately 5 cm in diameter. The lump does not move on swallowing, it is neither tender nor warm to touch, and the overlying skin is not indurated. Neurological examination demonstrates left eye ptosis and left pupillary miosis. An urgent ENT flexible nasal endoscopy reveals left vocal cord paralysis.

Q1) Which of the following apply to this patient (choose all that apply)?

- Horner syndrome
- Phrenic nerve palsy
- Interruption of left sympathetic nervous chain
- Interruption of right sympathetic nervous chain
- Argyll-Robertson pupil
- Marcus-Gunn pupil
- Left recurrent laryngeal nerve palsy
- Right recurrent laryngeal nerve palsy

The medical team decide to proceed with a chest radiograph, which is shown as [Figure 1](#).

Q2) What are the main abnormalities in the chest radiograph (choose all that apply)?

- Right diaphragmatic elevation
- Widened right paratracheal stripe
- Tracheal deviation
- Superior mediastinal mass
- Hilar lymphadenopathy
- Pneumomediastinum

Further investigations are as follows:

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Ultrasound scan: there is a large serpiginous, low echogenicity mass with internal echoes causing mass effect and extending into the thoracic inlet.

Blood results:

Haemoglobin	128 g/dL
WCC	$12.4 \times 10^9/\text{litre}$
Platelets	$284 \times 10^9/\text{litre}$
Neutrophils	$11.3 \times 10^9/\text{litre}$
CRP	8 mg/litre (0–6 mg/litre)
Na	142 mmol/litre (133–146 mmol/litre)
K	4.4 mmol/litre (3.5–5 mmol/litre)
Urea	5.6 mmol/litre (2.5–6.5 mmol/litre)
Creatinine	34 mmol/litre (34–71 mmol/litre for adult)
Albumin	41 g/litre (30–50 g/litre)
ALP	162
LDH	228 U/litre (215–368 U/litre)
TSH	0.57
T4	12.9
TPO antibodies	<28

Q3) What is the most likely diagnosis? Select ONE answer only.

- Thyroglossal cyst
- Thyroid goitre
- Congenital cystic hygroma
- Large lipoma
- Non-Hodgkin's lymphoma
- Burkitt's lymphoma
- Branchial arch cyst

Case 2

A 9-week-old baby boy presents to his local hospital after his parents notice that a left-sided hard lump in his neck had doubled in size in two days. Blood pressure is elevated but observations are otherwise unremarkable, femoral pulses are easy to palpate and there are no abdominal masses. The antenatal history is unremarkable with normal scans and serology. He was born in good condition by elective Caesarean section at 39 weeks but has only recently begun to smile and fix and follow.

Q1. What would be the most useful investigation to aid diagnosis? Select ONE answer only

- Phenylalanine and tyrosine
- Dopamine serum level
- 17-hydroxyprogesterone
- Urine homovanillic acid/creatinine ratio and urine vanillylmandelic acid/creatinine ratio
- Dexamethasone suppression test

Further imaging is arranged and shown in [Figure 2](#)

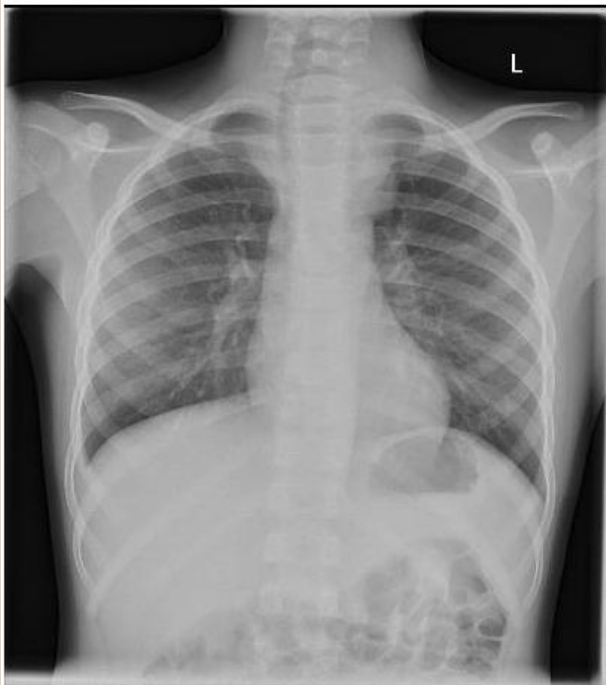


Figure 1

Q2. What type of scan is shown in Figure 2?

- CT scan (non-contrast)
- CT scan (contrast-enhanced)
- MRI (T1-weighted)
- MRI (T2-weighted)
- T2-FLAIR image

Q3. What is the most likely diagnosis?

- Congenital cystic hygroma with secondary infection
- Mycoplasma infection
- Neuroblastoma
- Wilm's tumour
- Congenital lymphoma
- Phaeochromocytoma

Case 3

An 8 year-old girl is seen in clinic with a left-sided supraclavicular swelling, slowly growing over 2 months. The swelling is made up of at least three enlarged and adjacent lymph nodes. It is mobile, non-tender and with no overlying skin changes. Of note, one month prior to noticing the swelling she travelled to Brazil with her family and she still has numerous red marks on her legs from healing insect bites. She has been generally unwell with fatigue and lower back pain, but no weight loss or night sweats. A chest X-ray is



Figure 2

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