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Thyroid Swelling and Cervical Lymph Nodes

Practical 06 / Supervised clinical examination

Aim

Examine a neck swelling and discuss findings that warrant targeted investigation or expedited referral.

Principle

Site, movement with swallowing, consistency and nodal distribution help distinguish thyroid lesions from other neck swellings.

Materials and Requirements

- Supervised volunteer or neck model
- Neck diagram and fictional ultrasound report

Procedure

1. Ask about duration, growth, voice change, swallowing, breathing, thyroid symptoms and prior irradiation.
2. Record timing of growth, systemic thyroid symptoms, prior neck treatment and voice, breathing or swallowing complaints. Obtain permission and seat the patient comfortably.
3. Inspect location and asymmetry from the front. Observe movement with swallowing when it is safe.
4. Inspect from front and side and locate the swelling relative to the midline, cricoid and sternocleidomastoid. Record movement with a safe swallow when appropriate.
5. Palpate gently for size, nodularity, tenderness and movement. Document the relationship to trachea and nearby structures as assessable.

Continue with step 6 on the next page.

Procedure Continued

Thyroid Swelling and Cervical Lymph Nodes

6. Identify the isthmus and both lobes with gentle palpation. Note size, nodules, texture and tenderness and whether the lower edge or tracheal position could be assessed.
7. Examine cervical nodes systematically. Discuss alternative sites such as salivary glands when clinically indicated.
8. Examine the relevant cervical node chains bilaterally and describe any node's level, consistency and mobility. Review signs pointing to a non-thyroid origin where appropriate.
9. Correlate findings with the directed ultrasound report and indicate when specialist assessment or image-guided sampling may be appropriate.
10. Summarise the clinical site, relevant symptoms, nodal findings and ultrasound characteristics. Flag airway compromise, persistent hoarseness or concerning nodal findings for senior assessment.

Precautions

• Avoid repeated provocative manoeuvres if breathing is compromised.

• Use gentle palpation and refer promptly for new airway symptoms.

Observations and Interpretation

Thyroid Swelling and Cervical Lymph Nodes

Observations and Record

Item	What to record	What it tells you
Swelling	Midline or lateral position, motion and consistency	Supports tissue of origin
Local concerns	Voice, swallowing, airway and nodes	Influences urgency
Imaging report	Size, features and location	Guides clinician-selected follow-up

Worked Example

A firm thyroid region nodule moves with swallowing. The patient reports new persistent hoarseness and a palpable cervical node is present.

Result and Interpretation

Document the concerning associated findings and request timely specialist review. Clinical appearance, imaging and tissue evaluation inform diagnosis.

Viva Questions and Answers

Why ask about hoarseness?

Voice change can indicate laryngeal or recurrent laryngeal nerve involvement and needs assessment.

Does swallowing movement establish a thyroid diagnosis?

It supports a relationship to the thyroid or laryngeal region, which requires correlation.

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