Not all that Glitters is Gold: An unusual presentation of an asymptomatic neck mass

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ABSTRACT

This is a case report of a 55 year old male who was seen for an enlarging neck mass. He was treated surgically and the mass was noted to be a piece of wood that had been there for 40 years.

Case Report

A 55-year-old male was referred by his dermatologist for a left neck mass that had been enlarging over the preceding few months. There was no history of any recent trauma or infections. He denied any smoking or alcohol history. The patient noted only mild neck discomfort upon palpation; otherwise he was asymptomatic.

On examination, there was a 2x2 cm firm, non-tender mass at the mid-level of the posterior triangle of the left neck. It had limited mobility and extended deep into the subcutaneous tissues. The rest of the ENT examination including endoscopy was negative.

A CT scan was obtained which showed a 1.0x1.2cm ovoid focus area of increased density most likely representing a left Level III lymph node, which was calcified. The findings suggested a post inflammatory node with unusual enhancement. There was no other lymphadenopathy noted on the CT scan (Figure 1).

The patient was scheduled for excision of the mass, and the overlying soft tissue was dissected free. The collection of tissue then opened and a piece of petrified wood was found in the center of the mass (Figure 2). Postoperatively, the patient had no complications.

The patient was later informed of the intraoperative findings. He was then able to recall that 40 years prior, he had been involved in a motorcycle accident and a tree branch had penetrated his neck. He had had an exploratory procedure performed on his neck and the branch was removed. He had no further symptoms or findings until this presentation, 40 years later. On re-examination of his neck, a fine, well-healed, thin scar was noted, which was camouflaged in a neck crease.

The pathology report was consistent with granulation tissue with a foreign body giant cell reaction and an attached wood chip.

DISCUSSION

This case demonstrates a very late presentation of foreign body reaction to wood in the neck. Although the patient had an initial workup and exploratory surgery, the small wood chip was obviously missed. Furthermore, the CT scan did not show any characteristic findings that suggested the presence of a foreign body, such as a mass.

Small wooden foreign bodies have been shown to have non-descriptive CT scan findings leading to delayed diagnosis and treatment.1,2 An MRI might prove to be a more useful imaging study in cases where a wooden foreign body is suspected.1 Although the history of trauma was not ascertained from the patient in this report and the scar had become nearly unnoticeable, a thorough history and physical with high index of suspicion in those with history of penetrating neck trauma should elicit the appropriate diagnosis in most cases.2

CONCLUSIONS

This is an interesting case that highlights the importance of thorough history and physical. However, it also points to the limitation of the history, which is, the accuracy of the patient’s memory.

REFERENCES