



# Main Diagnostic Tests For Head And Neck Cancer

## First Physical examination

This is commonly performed by a G.P. doctor dentist. A referral is made to see a specialist within two weeks

## Consultation with Surgeon

The surgeon will ask about symptoms experienced, family history and medications prior to examining the mouth, throat and neck

- Mirror examination
- Palpitation of lymph nodes especially cervical
- Physical examination during rest and motion.

## Blood tests

This is performed to check the overall health of the patient

- Electrolytes (salt ions)
- Liver test
- Full blood count

## Biopsy

This procedure involves the removal of a tissue to undergo examination via microscope to see if the tissue is cancerous. and the stage and grade of the cancer.

### Types of biopsies

The three main types used in Head and Neck Cancer are:

**Fine need aspiration biopsy:** Cells are removed by fine aspiration particularly thyroid and salivary gland to determine if they are malignant. This lowers risk of tumour seeding.

**Needle core biopsy:** This requires local anaesthesia to create numbness in the target area. A special needle extracts small pieces of tissue from the lump or abnormal area.

### • Incision biopsy

Local anaesthesia is used to create numbness in the area. A scalpel (sharp knife) can cut a thin slice of tissue. Stitches may be required depending on the quantity of tissue removed.

## Imaging: Ultrasound

This type of scan produces sound waves to create the image on the screen.

The neck are examined for swollen lumps, size and appearance of lymph nodes.

Removal of cells via final needle aspiration biopsy

## Other tests

Electrical tests e.g. electromyography (EMG) and nerve conduction velocity test (NCV) help measure electrical activity.

Myelogram examines the spine

## Skeletal scintigraphy

This test is performed for suspected bone metastasis especially the nasopharynx.

They have low cervical and supraclavicular areas affected but a positive bone scan. There is a risk of secondary tumours.

## Imaging: Positron Emission Tomography

This test is performed if the CT and MRI is unclear.

It can also detect secondary tumours. It is sensitive to detect cervical lymph node but no visible ear, nose, throat.

The procedure cannot be used alone. Secondary tumours. Not used alone.

## Imaging: Computed Tomography (CT)

This test is performed to determine if there is invasion from the cartilage regional node to distant metastases in the lungs, liver and bones.

Cancer of the larynx has low risk of distant spread.

## Imaging: Magnetic Resonance Imaging (MRI)

This type of scan examines soft tissue.

## Imaging: Endoscopy

An endoscope is a long, thin, flexible tube with a light and camera on the end.

Images from the camera are shown on a screen.

There are different types of endoscopy and depends on the target site for examination. This procedure requires general anaesthesia.

**Panendoscopy:** This examines the nose, larynx (voice box) and upper oesophagus (food pipe) using general anaesthesia.

**Nasendoscopy.** This examines the nose and back of throat.

If patient cannot have general anaesthesia, an alternative test called **trans-nasal flexible laryngo-oesophagoscopy (TNFLO)**. It can examine the nose, throat, larynx and oesophagus.