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## Health Corner by Nelly Steinemann

### Doc I have a lump – could it be cancer?

Part 1

**Isn't it what we all are frightened of! Don't worry unnecessarily, speak to your trusty GP. Here are a few examples of the lumps we frequently see in General Practice. But don't diagnose lumps based on these pointers only.**

**Annie (56) has noticed a lump in her face,** just in front of her left ear. It has been there for a couple of months, and as it's not sore, she had not thought it's anything bad. *She may well have a growth of her parotid gland, that's one of the glands that produce saliva. Many, but not all, of these tumours are benign (i.e.: not cancer) but this needs to be looked at, probably with ultrasound and maybe with a biopsy (sample from lump), and likely will be operated on.*

**Beatrice (48) also has a lump just in front of her ear.** Strangely enough it comes and goes, mainly when she is eating. It's very painful when it's there. *Bridget has a stone in the tube that go from the salivary gland into her mouth. When she eats, the gland produces more saliva, and because the tube is blocked, the gland swells up. Sometimes it is recommended to drink more fluid and suck on a slice of lemon to increase the flow of saliva, which may flush the stone out. Sometimes it needs to be removed with a small operation.*

**Charlie (3) has a lump at the back of his neck.** It's the size of a pea, moves around and is not hurting him. His parents were told by his doctor a couple of months ago that there is no concern, but they request a second opinion. *His doctor is right, it very much sounds like a swollen gland that children and adults often get. I am happy to know it's small, has not changed over several months and moves around. That all makes it highly unlikely to be anything nasty. I like to leave it at that, but depending on his parents' level of anxiety, I might end up arranging an ultrasound for reassurance.*

**Daniel (14) has a lump under his right jaw angle.** It is very large and sore and came on two days ago. He is not well, has a fever, a sore throat, especially on the right side and his breath smells terrible. *Daniel has tonsillitis, which causes the glands under the jaw to become enlarged and sore. It could be caused by a*

*bacterium (often a germ called 'strep') or a virus (often the glandular fever virus). I might want to do some tests (throat swab, blood tests) and either treat Daniel with antibiotics now, or wait for the test result before I start. Rarely, this could be a collection of pus (abscess) behind the right tonsil, called 'quinsy'. I would be particularly suspicious of quinsy if he has difficulty opening his mouth. Usually antibiotics are given for quinsy too, sometimes a small cut is required in the area (done in hospital) to release the pus.*

**Esther (38) has a lump in her left upper eyelid.** It came on a week ago and is a little sore only. The main worry is its unsightliness. *She probably has a sty. The eyelid has many glands that secrete some oils. Sometimes one of them gets blocked and the secretions pile up. This can be helped with warm compresses, but sometimes your doctor or a specialist has to open it up and let the secretions out.*

**Frederick (42) has a lump at the front of his neck, slightly to the right side.** It is not hurting him and has been there for some months. Friends think it's funny, as it moves up and down when he swallows. *This might be a lump in his thyroid glands ('Schilddrüse'). It needs to be investigated. Many of them are benign, some are not.*

**Gwen (29) has had a lump on her upper back for two years.** It is not hurting her. She knows someone who had cancer there. The lump feels smooth, has the shape of an egg but is smaller, and the skin overlying the lump looks normal and moves. *This lump could be a growth of fatty tissue, called a 'lipoma'. It has a certain feel to it which makes it easy to diagnose by medics. Lipomas are virtually always benign. They can be assessed further by ultrasound or by taking a small sample (called FNA, fine needle aspirate). However, the specialists in the public system and the lab often decline to do this, as it's so obvious when examined. Some people like lipomas removed, especially if they are in awkward places or disturb cosmetically. The hope of getting this done in the public system is slim.*

**Hilton (65) has had the lump on his upper back for a long time, too.** He has had occasional pain there. It is round, feels like it has fluid in it and has a smooth surface. *That's likely a sebaceous cyst, also called 'wen' in English (in German Talg-Drüse), a bag filled with*

*'sebum', skin grease. Our skin has thousands of little glands that produce this sebum and brings it to the skin surface via a small channel which sometimes gets blocked. It is possible to make a small cut into the lump, and squeeze out the thick, very malodorous substance inside. Unfortunately that often does not solve the problem, as the sebum re-accumulates. It is better to cut the whole cyst out, hopefully in one piece.*

**Ivan (45) has had a sebaceous cyst on his back for three months. Over the past two days it has got larger, red and very painful.** *Sometimes bacteria enter sebaceous cysts and instead of being filled with sebum, it's now filled with pus; it's now called a sebaceous abscess. An old medical rule is – where there is pus, open up and remove it. Now is the time to make that cut and squeeze the pus out. The doctor will often put a small bit of material (a 'wick') into the opening, so any remaining pus can drain over the next day or two. Antibiotics are often prescribed at the time – textbooks tell us they may not even be necessary. On the positive side: once it has been infected and opened up, the walls of the cyst often shrivel away over the next couple of weeks and no further action needs to be taken.*

**Julie (34) has noticed a lump in her left breast yesterday.** (Actually, it was her husband who felt it). She is beside herself with worry, being a mother of two small children. Her great-aunt had died of breast cancer at 65. She has a regular 28 day cycle and her last period was three weeks ago. The lump is on the outer lower part of her breast, firm, with a smooth surface and can easily be moved. The overlying skin looks normal. *Julie definitely needs to be seen. The chances are high that this is NOT a cancer: Cancerous breast lumps are possible but not so common in women in their 30s, and this lump has many characteristics of a benign lump. It could be a cyst (again, a collection of fluid) or a benign tumour called fibro-adenoma. Family history is mainly relevant: if there is a breast cancer in a first degree relative, be it mother or sister, and if the relative has had a cancer prior to menopause. Nevertheless, persistent breast lumps should all be assessed and investigated. If I am very confident that this is likely benign. I might review Julie about two weeks after her next period, as the lump might disappear with her period. But if it's still there then, I would definitely refer her for further investigations.*

to be continued