THE VALUE OF CORE BIOPSY IN ESTABLISHING TISSUE DIAGNOSIS IN CERVICAL LYMPHADENOPATHY

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Introduction

Cervical lymphadenopathy is a common problem as cervical lymph nodes drain the tongue, parotid gland, larynx, trachea and thyroid gland. Patients with cervical lymphadenpathy usually undergo ultrasound scanning as the first line investigation, often coupled with FNAC or core biopsy. Patients who are not diagnosed by FNAC usually proceed to either core biopsy or excisional lymph node biopsy, but recently FNAC has been reported to have a limited diagnostic value as it cannot provide tissues for histopathological diagnosis. On the other hand, core biopsy can provide tissues with less invasive techniques than surgical excisional biopsy.

Core biopsy involves sampling tissue with a wider gauge than used for FNAC. Core biopsy may be used as an alternative to surgical excisional lymph node biopsy as it would provide less risk to the patients as regards wound infection, scar, bleeding, accessory nerve injury and the risk of complications of general anesthesia. It also lowers the cost of hospital stay.

Aim of the work

The aim of the present work is to asses the accuracy, specificity and sensitivity of core biopsy in establishing tissue diagnosis of cervical lymphadenopathy.

Patients and Methods

PATIENTS:

25 patients suffering of cervical lymphadenopathy were prospectively studied at Head ,Neck ,and endocrine surgery unit ,Department of surgery ,Alexandria Main University Hospital .

METHODS:

- Ultrasound-guided fine needle aspiration cytology (FNAC) using 16-gauge needle.
- Ultrasound-guided core biopsy from suspicious lymph node under local anesthesia using 25-gauge needle.
- Histopathological examination using hematoxylin and eosin stain.
- Immunostaning for lymphoma cases.
- Surgical excision of suspicious cervical lymph node(s).

Results

Table (1): Showing accuracy of core biopsy vs FNAC in diagnosing cervial lymph adenopathy.

Histopathological diagnosis	core biopsy	FNAC
Metastatic lymph node from thyroid cancer	95	83
Granulomets lymphadenitis	95	45
Reactive lymphadenits	100	100
Metastatic lymph node from parotid cancer	100	100
Nodular sclerosis lymphoma	75	75
Hodgkin's Lymphoma	95	75
Non-Hodgkin's lymphoma	95	75

Figure 1: Multiple enlarged cervical lymph nodes of patient with lymphoma.

Figure 2: Intraoperative excised cervical lymph node.

Conclusion

Core sampling of suspicious cervical lymph nodes may be helpful in reaching a diagnosis and therefore potentially reducing the number of patients being subjected to excisional biopsies under general anaesthesia. It is found also that core biopsy is more accurate than FNAC in diagnosing cervical lymphadenopathy on the limited number of cases in our study ,thus we recommend investigating accuracy of core biopsy on awider scale .