Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · ENT

Lump in the neck
most are harmless, and three weeks is the threshold

Most neck lumps are enlarged lymph nodes reacting to an infection, and they settle within a few weeks. The ones that matter are those that persist, and the rule that catches them is simple: **an unexplained neck lump lasting more than three weeks needs examining**, regardless of how well you feel.

Arrange urgent assessment if the lump is

- **present for more than three weeks** without an obvious explanation
- **hard, fixed and painless**, rather than soft and mobile
- **growing**, or larger than about 2cm
- accompanied by **a hoarse voice, difficulty swallowing or persistent earache** with a normal ear
- accompanied by **unexplained weight loss, night sweats or fever**
- accompanied by **a mouth ulcer or red or white patch** that has not healed in three weeks

A persistent neck lump can be the first sign of head and neck cancer or lymphoma, both of which are far more treatable when found early. Risk is higher with smoking, chewing tobacco, betel quid or paan, and heavy alcohol use. In an emergency — airway difficulty or rapid swelling — call 999.

The common harmless causes

- **Reactive lymph nodes** — small, tender, mobile, appearing with a sore throat, cold, dental infection or skin infection. They shrink over two to four weeks. The commonest cause by far.
- **Sebaceous or epidermoid cysts** — in the skin, sometimes with a central punctum.
- **Lipoma** — soft, doughy, mobile, slow-growing.
- **Thyroid nodules and goitre** — in the midline, moving up when you swallow.
- **Salivary gland swelling** — in front of or below the ear, sometimes worse before meals if a stone is blocking the duct.
- **Branchial cysts and thyroglossal cysts** — congenital, usually presenting in younger people.

Where it is tells you a lot

A lump that **moves up when you swallow** is thyroid. A lump **in front of the ear** is usually parotid gland. Lumps **along the front edge of the neck muscle** are commonly lymph nodes. A lump **above the collarbone, particularly on the left**, is taken especially seriously and always needs investigating. Tender lumps that appeared with an infection are usually reactive; painless hard lumps that appeared for no reason are the ones to act on.

What investigation involves

- **Examination** of the neck, mouth, throat, thyroid, skin and scalp — the source is often found somewhere obvious.
- **Blood tests** — full blood count, inflammatory markers, LDH, thyroid function, and tests for glandular fever, HIV or TB where relevant.
- **Ultrasound** — the first-line imaging test, distinguishing cystic from solid and assessing the characteristics of nodes and thyroid nodules.
- **Fine needle aspiration under ultrasound** where a sample is needed.
- **Flexible nasendoscopy** to examine the throat and voice box, particularly with hoarseness or swallowing difficulty.
- **CT or MRI** where further mapping is required.

In children

Small, mobile neck nodes are extremely common in children and usually reflect frequent viral infections — many healthy children have palpable nodes most of the time. Assessment is warranted for a node larger than 2cm, one that is growing, hard or fixed, one above the collarbone, or any node with fever, weight loss, night sweats or unusual bruising.

What not to do

Do

- Note when you first felt it, and whether it has changed
- Photograph it beside a coin for scale, to track size
- Mention smoking, alcohol, paan or betel quid use honestly — it changes the assessment
- Get it examined at three weeks even if you feel completely well
- Report any hoarseness, swallowing difficulty or ear pain

Do not

- Do not squeeze, press or repeatedly prod it — this makes nodes more tender and no smaller
- Do not assume painless means harmless — it is often the opposite
- Do not accept a second course of antibiotics for a lump that has not responded to the first
- Do not wait for it to become painful before seeking help
- Do not rely on a normal blood test alone

Why come to us. Three weeks is the threshold, and waiting for appointments can double that. We can examine you within days, take **blood count, inflammatory markers, LDH, thyroid function and infection screening in-house** with results the same visit, and perform **ultrasound of the neck on site in the same appointment**. Our ENT team can carry out flexible nasendoscopy in clinic, and we refer urgently through our CQC-registered partners where anything needs it.

Examined and scanned in one visit

Neck ultrasound and bloods on site, ENT nasendoscopy in clinic.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **ENT (Ear, Nose & Throat)** · **Ultrasound Scans** · **Blood Tests** · **Private GP Services** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-242

This leaflet is based on current NHS and NICE NG12 guidance on suspected head and neck cancer and CKS guidance on neck lumps. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.