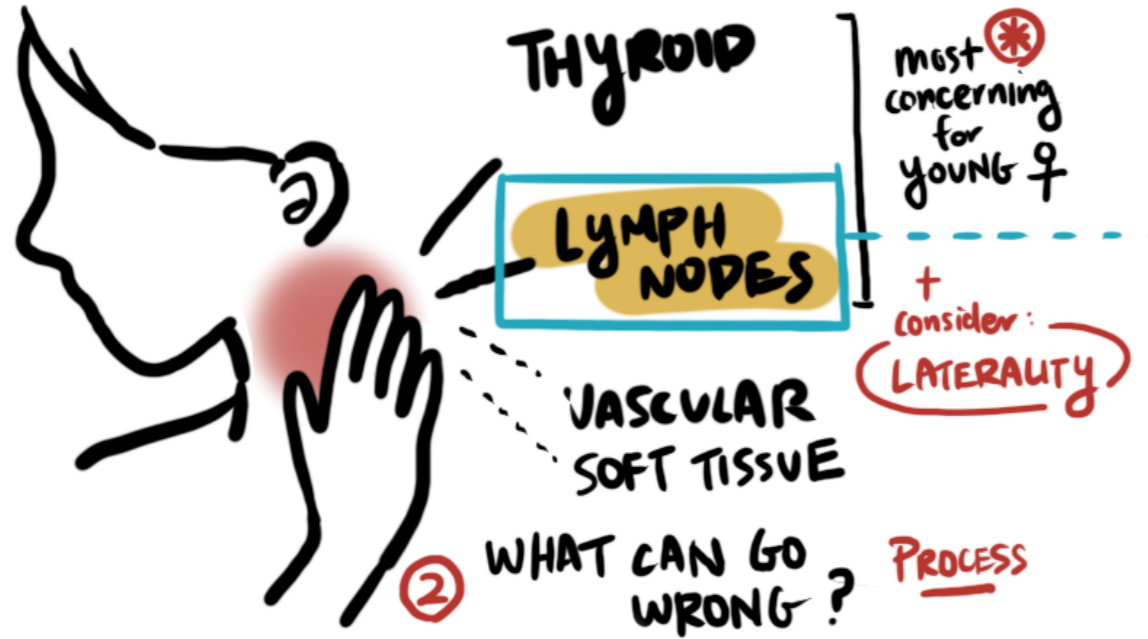


NECK SWELLING

PATIENT PRESENTATION
 21 F w/o homelessness.
 PMH heroin/crack cocaine
 p/w CHRONIC NECK SWELLING
 + BIL DIFFUSE LAD.

① WHAT'S IN THE NECK? LOCATION

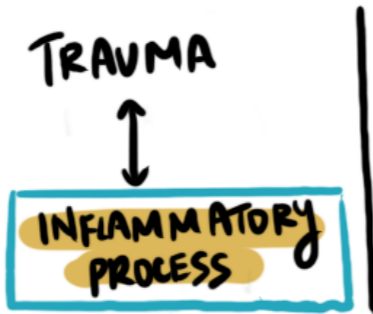


Apply: **APPROACH TO LAD:**
LOCALIZED ...infection
GENERALIZED ...other systemic (reactive, infiltrative)

② WHAT CAN GO WRONG? PROCESS

FIRST EVAL: PRIORITIZE
 ① AIRWAY PATENCY
 ② CRITICAL VASCULATURE

Neck = valuable real estate!



- consider
- + ③ RATE OF CHANGE (acute? chronic?)
 - + ④ RISK FACTORS
 - INJECTION DRUG USE?
 - SSTI
 - disseminated bloodstream
 - TV endocarditis
 - IMMUNOCOMPROMISED?
 - H/O AUTOIMMUNE?
 - H/O CANCER?

Apply **IMADE**

- I nflammation
- M alignancy
- A utoimmune
- D rugs/DVT
- E ndocrine

PROCESS

Clue:
 ⊕ Treponemal test
 RPR 1:256

Apply: 2 types of syphilis tests

TREPONEMAL +/- Ab
NON TREPONEMAL D2 activity

DX: SYPHILIS