

A 28-year-old woman noticed an enlarging lump on the left hand side of her neck and is extremely anxious about what might be wrong. She describes the lump as being ‘in the lower part of my neck above the clavicle. There is no previous history of note and she takes no regular medication. She denies any antecedent upper respiratory tract infection and has no oropharyngeal symptoms of note. She does, however, admit to 4 weeks of exertional breathlessness and has noticed unintentional weight loss of approximately 10 kg over the last 6 months. She has not, however, noticed any night sweats and has not, as far as she has been aware, been febrile. There is no family history of note and her parents and brothers and sister have all been well. She is not aware of any contact with any infectious disease and has not travelled for 2 years.

What would your differential diagnosis include before examining the patient?

The patient looks pale and there is evidence of recent weight loss. Examination of the scalp, ears and oropharynx is normal. There is a 2.5 × 3 cm left supraclavicular fossa lymph node mass, which is firm and non-tender.

There is no convincing lymphadenopathy in either axilla. Examination of the abdomen reveals no enlargement of the liver or spleen and the inguinal lymph nodes are not palpable. The patient is breathless on minimal exertion and examination of the chest shows signs compatible with a right pleural effusion. There is no evidence of facial or upper limb oedema and the jugular venous pressure is not raised.

Initial tests reveal

Investigations performed by the GP	
Hb	98 g/L
MCV	82 fL
MCH	28 pg
WBC	$8.2 \times 10^9/L$
Platelets	$324 \times 10^9/L$
ESR	66 mm/h

Has these tests and clinical examination narrowed down the D/D?

List further required specific tests?

Renal function and liver function are normal. The serum urate is elevated

The lactate dehydrogenase is significantly elevated

The serum albumin is low and corrected calcium and phosphate are normal.

A chest X-ray shows significant mediastinal widening and a right pleural effusion. A CT scan of chest, abdomen and pelvis reveals massive mediastinal lymphadenopathy, but no abnormality below the diaphragm. Echocardiography shows a pericardial effusion, but with normal left ventricular function.

The pleural fluid is tapped and is an exudate, but contains no demonstrable malignant cells. Gram stain and AFB and Culture of the pleural fluid is negative.

what further diagnostic test should be done ? what is the expected diagnosis?

discuss three common complication of malignancy?