

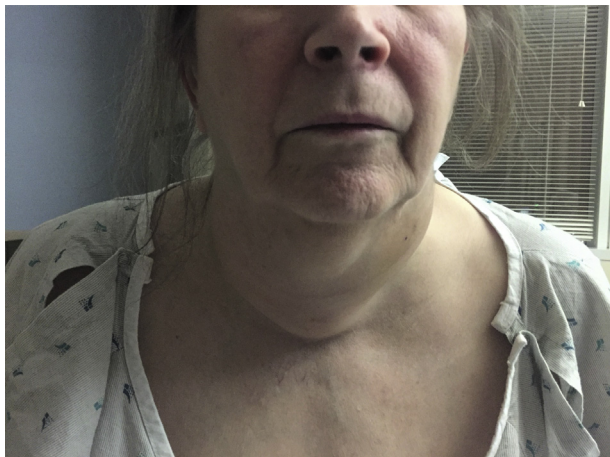


Figure 1. Diffuse anterior neck swelling.

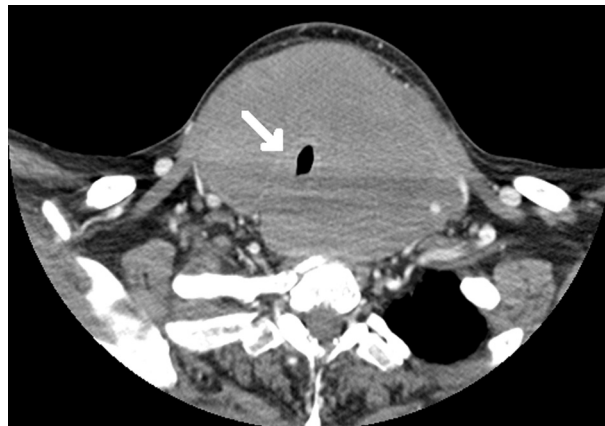


Figure 3. CT of the neck with intravenous contrast (axial view), demonstrating a neck mass with tracheal encasement, with rightward deviation and mass effect (arrow).

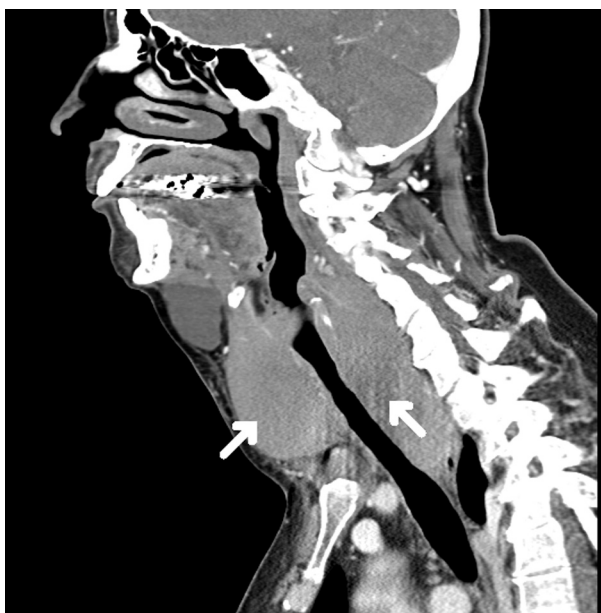


Figure 2. CT of the neck with intravenous contrast (sagittal view), demonstrating a neck mass with laryngeal displacement (arrows).

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A 63-year-old woman with a history of hypothyroidism presented to the emergency department with complaints of neck discomfort and shortness of breath that worsened gradually during 6 months. Physical examination result was significant for diffusely enlarged, nontender, anterolateral neck mass extending beyond the borders of the sternocleidomastoid (Figure 1). The patient also endorsed hoarseness but did not exhibit trismus or intolerance to secretions. Computed tomography (CT) with contrast of the neck was performed (Figures 2 and 3).

For the diagnosis and teaching points, see page 605.

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even 20%, assuming the sensitivity and specificity of the YEARS algorithm remained stable, the negative predictive value would decrease to 98.6% and 97%, respectively. Readers interested in a more detailed discussion of negative predictive value should refer to the January 2016 *Annals* Journal Club.³ In regard to the secondary outcome of this study, the proportion of patients for whom pulmonary embolism could be excluded without imaging, implementation of this algorithm in a setting with a lower prevalence of pulmonary embolism could result in increased rates of imaging. The D-dimer test is nonspecific, and the level normally increases throughout pregnancy.^{4,5} Because this test is a key part of the YEARS algorithm, using the D-dimer test in a low-prevalence population could result in a higher proportion of patients unnecessarily referred for imaging.

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DIAGNOSIS:

Diffuse large B-cell lymphoma. Imaging of the neck revealed an enlarged cervical mass with mediastinal extension, compression of vascular structures, tracheal encasement with rightward deviation, and mass effect with laryngeal displacement. The patient underwent core-needle biopsy, revealing the diagnosis of diffuse large B-cell lymphoma. Further imaging for staging disclosed a renal mass, suggestive of metastatic disease. The patient was admitted and received intravenous dexamethasone and tailored chemotherapy, with a favorable response.

Diffuse large B-cell lymphoma is the most common subtype of non-Hodgkin's lymphoma, with typical onset during middle age.¹ It is considered an aggressive form of lymphoma, classically presenting with a rapidly enlarging, symptomatic nodal mass in the neck, abdomen, or mediastinum. Systemic "B" symptoms (eg, fever, weight loss, night sweats) are present in approximately 30% to 40% of patients.^{2,3} Clinical presentation depends on the anatomic location of the mass, with laryngeal and tracheal displacement in our case. Diffuse large B-cell lymphoma has a 5-year overall survival rate of approximately 60% for individuals who are identified and treated aggressively; thus, early diagnosis is imperative in providing a positive outcome.⁴

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