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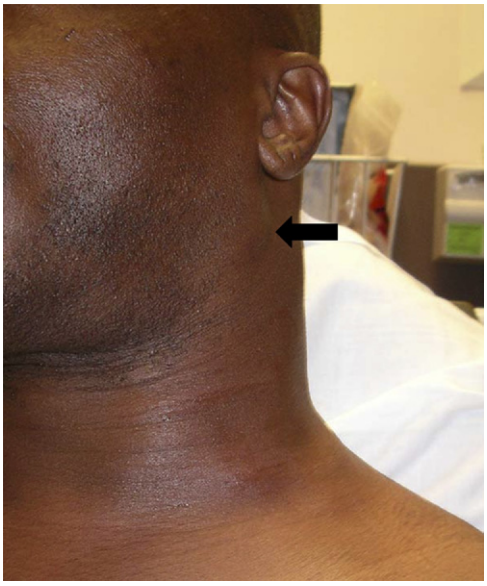

Figure 1. Left anterior neck mass.

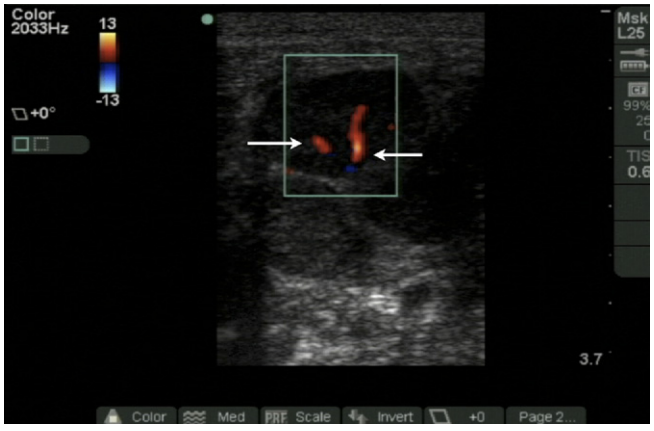

Figure 2. Bedside ultrasonography. Left neck mass demonstrating Doppler blood flow.

Figure 3. CT of neck with intravenous contrast; left-sided lymphadenopathy. Used with permission of Brita E. Zaia, MD, Alameda County Medical Center, Highland General Hospital, Oakland, CA.

[Ann Emerg Med. 2009;54:133.]

A 46-year-old man, HIV positive for 8 years, presented to the emergency department (ED) with increasing left-sided neck pain and swelling during the past 2 months. The patient denied any other symptoms. In the ED, his vital signs were normal. Physical examination result was notable for a 3-cm, firm, nontender, mobile mass on the superior lateral aspect of the left side of the neck (Figure 1). Bedside ultrasonography was initially performed to determine the cause of the mass (Figure 2). Computed tomography (CT) with intravenous contrast and fine-needle aspiration was then performed to confirm this finding (Figure 3).

For the diagnosis and teaching points, see page 146.
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hip pain and valvular heart disease can be effectively reviewed in a few minutes in a busy clinical environment. This text also includes a section entitled "The Practice Environment" which addresses several frequently debated topics such as family presence in resuscitations, consent and confidentiality and end of life issues as well as more practical issues such as the limitations of community ED resources and EMTALA regulations.

Perhaps the book's greatest strength is its color graphics which elevate this text to a level above similar publications. This is best appreciated in the chapters concerning rashes and infectious diseases and in the section "Procedures, Sedation, Pain Management and Devices" in which the graphics successfully depict emergent pediatric problems including ventriculoperitoneal shunt assessment and paraphimosis reduction. The flow charts and tables throughout the text are very useful and the final section of "Quick Looks" covers many common ED complaints in an immediate reference format.

One potential area for improvement for future editions of this text would be the inclusion of even more photos and illustrations for common pediatric procedures which are best grasped visually. Also, an electronic version of the text, if available, would be well received.

In summary, I found this text to be extremely well organized and inclusive of all problems relevant to emergency pediatric care. This text will be a great addition to any ED or urgent care clinic library.

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IMAGES IN EMERGENCY MEDICINE
(continued from p. 133)

DIAGNOSIS:

Neck lymphadenopathy. The differential diagnosis for head and neck lymphadenopathy in HIV-positive adults is broad and includes primary head and neck malignancy, lymphoma, Kaposi's sarcoma, and infectious causes such as abscess, primary HIV infection, infectious mononucleosis caused by Epstein-Barr virus, cytomegalovirus infection, toxoplasmosis, and tuberculosis.[1] In this case, bedside ultrasonography was used initially to help determine the cause of the neck mass. On ultrasonography, lymph nodes appear hypoechoic, with high vascular signal on color Doppler, which was observed in this patient (Figure 2).[2,3] In contrast, abscess cavities and cysts lack the presence of vascularity and color flow.[3] The CT scan of the neck confirmed multiple enlarged lymph nodes in the left side of the neck, and fine-needle aspiration performed in the ED was highly suggestive of Hodgkin's lymphoma. Treatment for Hodgkin's lymphoma in HIV-positive patients includes chemotherapy and antiretroviral therapy. Overall survival rates are well below that of non-HIV-associated Hodgkin's lymphoma.[4]

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