## Imaging – Head and Neck

## **SKULL**

X-Ray Indications:	X-Ray Not Indicated Routinely:
Palpable vault abnormality which feels bony	<ul> <li>? Space occupying lesion</li> <li>Headache</li> <li>Head Injury with low risk of intracranial injury, i.e. no loss of consciousness, no neurological defect, no significant laceration or haematoma - if any such features are present, the patient needs to be seen at A&amp;E.</li> </ul>

**Note**: Imaging departments may undertake skull X-ray as part of their imaging protocol for specific clinical problems e.g. skeletal survey for myeloma, but referral should specify the clinical indication for imaging. See also <a href="Neurology-Headache on New RefHelp">New RefHelp</a>

## **FACE**

X-Ray Indications:	X-Ray Not Indicated Routinely:
<ul> <li>Ideally please refer to A&amp;E in the first instance</li> <li>Trauma to facial skeleton or mandible</li> <li>Trauma to orbits including? metallic foreign body</li> </ul>	<ul> <li>Middle or inner ear symptoms</li> <li>Nasal trauma</li> <li>Sinus disease</li> <li>Temporal Mandibular Joint (TMJ) Dysfunction</li> </ul>

## **NECK - SOFT TISSUES**

Ultrasound Indications:	Ultrasound Not Indicated Routinely:
<ul> <li>Salivary Glands         <ul> <li>Please refer to Neck Lump Clinic</li> <li>? Duct obstruction (Subsequent requests for sialography should be sent to the Dental Institute)</li> <li>? Salivary mass</li> </ul> </li> <li>Neck mass of unknown origin (not Thyroid)</li> </ul>	<ul> <li>Suspected thyroid mass/goitre         <ul> <li>Lothian protocol is direct referral to</li> <li>Endocrinology for all suspected thyroid disease –</li> <li>do not refer for ultrasound</li> </ul> </li> <li>Vascular/Carotid problems         <ul> <li>refer DCN for specialist assessment</li> </ul> </li> </ul>

Reviewed & updated March 2019