## Imaging – Head and Neck

### SKULL

<table>
<thead>
<tr>
<th>X-Ray Indications:</th>
<th>X-Ray Not Indicated Routinely:</th>
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</thead>
</table>
| • Palpable vault abnormality which feels bony | • ? Space occupying lesion  
• Headache  
• 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&E. |

**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 [Neurology - Headache on New RefHelp](#).

### FACE

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

### NECK - SOFT TISSUES

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

Reviewed & updated March 2019