Lateral Neck Projection Radiography

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No Disclosures
Normal Anatomy
DANGER Space
spread directly to thorax
Value of ST neck radiographs

- Size of adenoids/parapharyngeal tonsils
- Retropharyngeal abscess
- Foreign bodies
- Acute epiglottitis
- Croup
- Subglottic narrowing
- Position of tubes
- Compresion of trachea by thyroid or RP mass
“Cough and respiratory distress”
Pseudothickening
How to perform STN radiography (video)
Tips & Tricks

• If severe distress, do upright
• “Get ‘em on the snort.”
• Tech holding head signals breathing to shooter
• Can tilt the head back farther by putting roll under the shoulders
Case Examples
“Co-pay” in the esophagus
Don’t forget the nose!
Croup
Normal vs. Croup

- Parainfluenza virus
Battery in the nose
Epiglottitis

• H. influenza type B
• Can also be caused by
  – S. aureus
  – Thermal injuries from smoke inhalation
  – Caustic ingestion
  – Hemorrhage
  – Radiation
• Thick aryepiglottic folds contribute most of the airway obstruction
Retropharyngeal Abscess
Retropharyngeal Abscess
RP soft tissues

C2: 6 mm (less than ½ vertebral body)
C6: 14mm

• Pseudothickening
• Retropharyngeal cellulitis/phlegmon/abscess
• Penetrating trauma
• Vertebral osteomyelitis
• Mass
• Edema from spinal injury
• Spinal tumor
• Anasarca
Bacterial Tracheitis
Tracheitis

- Uncommon
- Older age group than croup
- Hazy subglottic airway
- Mucopurulent pseudomembranes
- Ratty looking
- Staph aureus, strep, HiB & diptheria
Subglottic Airway Mass

Courtesy of Dr. Wippold
Airway masses

- Hemangioma
- Intratracheal thyroid or thymus
- Papilloma
Conclusions

• Lateral ST neck radiographs can be very valuable
• Quick and lots of information
• Proper technique is KEY!
• “Get ‘em on the snort!”
Thank you!

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