

What is a Carotid Body Tumour?

A carotid body tumour arises from special cells at the carotid bifurcation, where the common carotid artery splits into the internal and external carotid artery. It is usually a very slow-growing tumour, and often causes no symptoms when it is small, and rarely spreads or metastasises to other parts of the body. The carotid body was first described in 1743 and tumours arising from it were first described in 1891. It is estimated to occur in about 1 in 30,000 people.

Alternative names (these can overlap with other conditions)

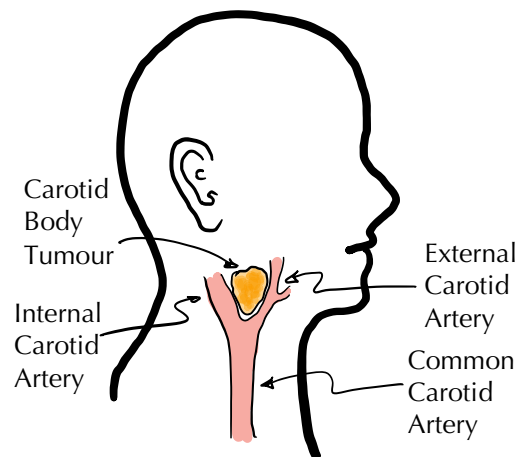
Paraganglioma, chemodectoma, neuroendocrine tumour, glomus tumour.

What else could it be?

Similar tumours that can arise in this area include large lymph nodes, tumours arising from the vagus or hypoglossal nerve, or thyroid cancers. Usually, the history and radiological appearances can help to differentiate these from carotid body tumours.

What tests might be required?

Your surgeon will determine the best combination of scans to characterise the tumour. These may include an ultrasound, contrast CT scan, MRI scan, PET/CT scan, or angiogram.



You may also undergo blood and urine tests to measure hormone levels to help confirm the nature of the tumour, especially if you have had any symptoms of collapse, fainting, or palpitations.

As the tumour gets larger it can involve local nerves to the throat that may affect your voice or swallowing. Your surgeon may ask for a formal assessment by an ENT surgeon or speech pathologist before undertaking any surgery.

What are my options?

Carotid body tumours usually grow slowly, often over many years. They can be observed if they are small and not causing any symptoms.

If the tumour has any unusual features or grows in size, then surgical removal is usually recommended. Some tumours can be very large and may require an expert team including vascular surgeons, ENT surgeons, neurosurgeons, anaesthetists, and radiologists working together.

In rare cases surgery is not possible and radiotherapy may be used to treat or shrink the tumour.

Is it inherited? Will I need more tests?

If a carotid body tumour is confirmed, then you will be referred to a clinical geneticist and have gene tests to see if there is a familial link. 10- 20% appear to be inherited in some way.

You may also need to have further tests to check for other neuroendocrine tumours elsewhere in the body.

Some patients have a similar tumour on the other side that may require long term followup.