INTRODUCTION

The neck is a small anatomical area, it is very complex with many critical structures and tissues *(Reede et al., 1982)*. Neck lesions might be easily detectable, however their precise anatomical location and relationships are not always obvious by clinical means alone. Plain X-ray of the neck demonstrated little beyond cervical spine. Even the more invasive techniques such as laryngography and barium studies of the digestive tract yielded only information concerning gross displacement or the appearance of the mucosal surfaces *(Bryan, et al., 1982)*.

Radionuclide imaging and ultrasonography, remain valuable in detection of thyroid nodules and may be used to determine the nature of some neck masses namely difusely enlaged thyroid gland *(Fobbe et al., 1989)*.

CT can provide accurate measurements of the tracheal cross sectional area in cases of compression, nodal involvement and extent of substernal goiter *(Gretchen and Goodin, 1993)*. CT also allowed accurate determination of the extent neck masses. CT has also improved the ability to demonstrate the local spread of laryngeal cancer *(Mafee et al., 1983)*. Cervical lymph node metastasis *(Som, PM 1992)* and parapharyngeal masses *(Ariji et al., 1991)*.

Aim of the work:

The aim of this work is to study the value of CT in the diagnosis of the neck masses and to demonstrate the different CT features of each of them.