Objectives: Neck masses are a common clinical concern in pediatric population. The differential diagnosis for a neck mass in these young patients is broad and includes congenital, inflammatory and neoplastic lesions.

Methods: We report a case of a 11-month boy with an atypical neck mass. A comprehensive literature research was carried out using the terms “Pediatric neck masses” for articles published in the last 10 years in peerreviewed journals. One hundred and seventy-four results were reviewed.

Results: A 11-month-old boy presented to our emergency department with a sudden onset of a tender left cervical mass and a 3-day-course of amoxicillin plus clavulanic acid (30mg/kg/day) without improvement. Oropharynx showed a large bulging of the left palatine tonsil, highly suggestive of a bulky peritonsillar abscess, but he remained interestingly apyretic, eupneic, calm and having a regular food intake. With a normal laboratory investigations we resorted to the imagological exams and found a large lymphangioma with 49x27x44mm in the left parapharyngeal space. After a 10-day-course of prednisolone 1mg/kg/day and amoxicillin plus clavulanic acid 150mg/kg/day patient was discharged from hospital and is currently in study for sclerotherapy.

Conclusion: History and physical examination are fundamental for an initial approach and clinicians should always be aware of the unusual etiologies specially in cases where patient presents with atypical signs. When these masses are unresponsive to the initial therapy, imaging studies complemented with fine-needle aspiration or surgical biopsies should promptly be carried out.