Ganglioneuroblastoma is an uncommon tumor in Head & Neck. It derives from precursor cell of sympathetic nervous system. Normally it occurs at posterior mediastinum, retroperitoneum and adrenal gland, following direction of sympathetic chain. There is a few reports of ganglioneuroblastoma which presented as the cervical neck mass. For ENT doctors, we should concern the rare tumor in this area even the infective process such as lymphadenitis are more common.

A 3-year-old girl presented with progressive snoring and left neck mass for 2 months. She started snoring progressively afterwards her mom noticed that her neck below angle of mandible was swelling without fever or tenderness. She was treated as acute lymphadenitis with antibiotic for 2 weeks but no improvement was detected. She was healthy and well-immunized.

Physical examination showed left neck mass 3x3 cm in dimension below angle of mandible and bulging of left tonsil to the midline. Fine needle aspiration revealed reactive lymphadenitis. CXR was normal.

Ultrasound demonstrated well defined and calcified heterogeneous isoechoic mass at left side of neck and compression of jugular vein.

We underwent surgical excision under general anesthesia and removed the tissue partially because of adherence to the great vessels.

**Pathological report: Ganglioneuroblastoma, intermixed subtype size 5x4 cm in the greatest dimension**

The upper left picture: encapsulated mass without nodule.

Other pictures: nests of neuroblastic cells and gangliocytic differentiated cell within a ganglioneuromatous stroma which correlated to ganglioneuroblastoma intermixed.

Ganglioneuroblastoma are transitional tumor containing elements of both malignant neuroblastoma and benign ganglioneuroma but it behaves more benign way when compared to neuroblastoma.

For this reason, we investigated more laboratory test and imaging for prognosis and metastasis evaluation as below,

**Laboratory test**
- LDH: 262 U/L
- Urine catecholamine: normal range
- Negative for N-myc gene.
- NSE (Neuron specific enolase): 36.2 (0-15)

**Imaging**
- MIBG scan: normal study
- CT Chest & Whole abdomen: normal

Basically ganglioneuroblastoma secretes catecholamine (Noradrenaline, VIP) that could be measured by urinary catecholamine metabolites (VMA, HVA) but hypertension are rare. Low neuron-specific enolase (NSE), Low lactate dehydrogenase (LDH) levels and negative for N-myc gene have shown favorable prognosis.

After completed the investigation, we decided to observe and serial surveillance in this case because all result indicated benign nature.

**Conclusion**: Ganglioneuroblastoma is partially differentiated neuroblastoma therefore it has intermediate prognosis. Most of them are seen in young children (3-10 years old) and affect equally in both sexes. Basically at the neck area, it involves parapharyngeal space that can cause upper airway obstruction and swallowing difficulty. Tissue biopsy is the best investigation for diagnosis but surgical awareness should be considerate since this area encloses vital structures.