Neck Recurrences in T1 Oral Carcinomas

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Introduction

In several services the management of T1 oral squamous cell carcinomas comprises only the resection of the primary tumor. However, there are data in the literature suggesting that neck dissection should be considered in these cases. One of the most important causes of failure and death is an unexpected neck recurrence with late diagnosis and consequent extracapsular spread and fixation to neck structures making, in some instances, the salvage impossible. The need of an accurate evaluation of these cases is important in the decision-making concerning the indication of neck dissection.

Objectives

To evaluate the regional recurrences in patients with squamous cell carcinoma of tongue and floor of mouth treated only with primary tumor resection and relate these recurrences with clinical and histopathological variables.

Methods and Materials

Retrospective review of 48 cases of T1 squamous cell carcinoma of tongue and floor of mouth treated only with primary tumor resection of all the cases were reviewed concerning the tumor site, size and thickness, presence of perineural invasion, outcome and follow-up. There was a predominance of male patients (83.3%) with a mean age of 55.4 years old. All but 7 cases were tobacco consumers and only 10 patients did not use alcohol. The floor of mouth was the primary site in 54.2% of cases. The mean diameter of tumors was 0.86cm and the mean thickness were 0.6mm. Neck recurrences occurred in 10 cases (20.83%) in 2 of these cases there were local recurrence. All but 1 recurrent cases were treated with salvage surgery and 4 cases died of disease in a mean time of 11.7 months. Statistical analysis was performed with Fisher Exact Test with a level of significance lesser than 5%.

Results

There was 20.8% of neck recurrences in our casuistic. Tumor greater than 86mm, with perineural invasion, thicker than 6mm and located in tongue developed more neck metastases. The high rate of neck recurrences in early oral carcinomas must be considered during the treatment planning of these cases and the need of neck dissection should be considered, even in T1 tumors.

Discussion

Many clinical and histological variables are related to a higher rate of lymph node metastases and cannot be accessed before the resection of the primary tumor. It occurs because the sample of tissue obtained for the diagnosis is not large enough to be representative of the entire tumor. Among these variables the tumor thickness and perineural invasion have been frequently reported as involved in lymph node metastases developing. In our results both are related to the occurrence of regional relapse of the disease but the primary site located in tongue was releveat too, comparing with floor of mouth tumors.

Conclusions

References


Carlo CL, Tchorz M, Delfino KL, Carreira GL. Depth of invasion is the most significant histological predictor of subclinical cervical lymph node metastasis in early oral tongue cancer. Oral Oncol. 2008 Sep;44(7):669-73.


