SUBMANDIBULAR TRIANGLE MASSES

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AIMS: The objective of the present study was to analyze the data of 255 patients who underwent submandibular triangle masses evaluation and surgical treatment between January 2000 and November 2013.

MATERIAL AND METHODS

The charts of patients who underwent surgical intervention for submandibular triangle masses between January 2000 and November 2013, were reviewed. The medical history, age, sex, signs of symptoms, clinical presentation, presurgical investigations and histopathologic diagnosis were reviewed.

RESULTS

The study included 166 subjects, 12 patients (18.2%) with submandibular cysts, 18 patients (27.2%) with salivary gland tumors, 10 patients with lymphoid hyperplasia (15.3%) and 56 patients (83.3%) with infectious diseases. Of the tumors, 15.5% were malignant and 77.5% were benign. Benign tumors of submandibular gland consisted of 57.2% and malignant tumors of submandibular gland comprised 42.5% of all submandibular masses. The most common benign tumor was pleomorphic adenoma. The most frequent histopathologic diagnosis of submandibular masses was originated from submandibular gland and comprised 75.2% of all submandibular mass pathologies. The main symptom was pain. Ultrasonographic examination was the most common presurgical investigation for this diagnosis and presentative and parapresentative adequate information. For excisional biopsy was performed in 26 patients. A clear diagnosis could not be provided in 126 patients.

DISCUSSION

Ultrasonography is a common investigation but is not used in the evaluation of submandibular masses. A mass in the submandibular area may be malignant, and the radiological studies should include the cystic lymph nodes. Lymphadenopathy may be caused by infection, but may also be due to lymphoma or a systemic autoimmune connective tissue disease. If a malignant lymph node is suspected, further histopathologic evaluation such as Computed Tomography (CT) and Magnetic Resonance imaging (MRI) should be performed first, and histopathologic examination of the lymph node can be evaluated by this radiologic tool. In this study, ultrasonography was performed to all of the patients. CT and MRI were performed in 46 patients. CT was very helpful for malignant lymph nodes and their subgroups when they have a high suspicion index.

It is important to differentiate submandibular masses from submandibular gland lymphadenitis. The differential diagnosis is not only helpful in the evaluation of patients with submandibular masses, but also in the treatment of patients. CT, PET, and ultrasonography should be used simultaneously for the diagnosis of submandibular gland lymphadenitis and other submandibular gland masses. Surgical and medical treatment methods should not be based on the MRI results only. Histological and/or molecular treatment methods should be based on the histologic diagnosis and the treatment of the patient. It, therefore, is very important to differentiate these non-neoplastic lesions from the neoplastic lesions. The definite diagnosis can be made by histopathologic evaluation of the lesion in the excisional biopsy specimen, but it is in the evaluation of the patient only. In the present study, the rate of malignant tumors was 26.8%. If the patient evaluation and treatment is performed in a systematic way, it is important to differentiate from the submandibular gland lymphadenitis.

Other studies have investigated a wide range of submandibular masses and submandibular gland tumors. For example, other studies have investigated a wide range of submandibular masses and submandibular gland tumors. It is important to differentiate these non-neoplastic lesions from the neoplastic lesions. The definite diagnosis can be made by histopathologic evaluation of the lesion in the excisional biopsy specimen, but it is in the evaluation of the patient only. In the present study, the rate of malignant tumors was 26.8%. If the patient evaluation and treatment is performed in a systematic way, it is important to differentiate from the submandibular gland lymphadenitis.

The present study demonstrates that the most common histopathologic diagnosis of submandibular masses was originated from the submandibular gland and comprised 75.2% of all submandibular masses. The main symptom was pain and ultrasonographic examination was the most common presurgical investigation for this diagnosis.

REFERENCES