Cervical lymph node metastasis stands as the single most important prognostic factor in the management of oral and oropharyngeal squamous cell carcinoma (OOPSCC). Although therapeutic neck dissection is recommended in clinical stage I and II disease, postoperative pathology showed that level IIa was the most common subsite of lymph node metastasis and that no isolated metastasis of level IIb was identified. The most common cause of treatment failure or death was distant metastasis which occurred in 8 patients (15%). Clinical (P = 0.023) and pathologic (P =0.004) T stage were risk factors for the distant metastasis (Table 3).

METHODS AND MATERIALS

Retrospective analysis was performed in 52 patients diagnosed as OOPSCC who presented with single lymph node metastasis (N1, N2a) and underwent therapeutic neck dissection as a primary treatment. Clinicalopathologic factors such as the TNM stage, cellular differentiation, surgical margin, lymphovascular invasion, perineural invasion of the primary tumor and distribution and numbers of nodal metastasis, extracapsular extension of the primary tumor and all above clinicopathologic factors were analyzed. Univariate analysis was performed with Fisher's exact test (SPSS V12, Chicago, IL). Statistical significance was defined by P < 0.05.

RESULTS

The clinicopathologic results are summarized in Table 3. Clinical (P = 0.005) and pathologic (P = 0.002) T stage were risk factors for the distant metastasis and cell patterns showed a borderline relation (P = 0.05). Two of the 3 patients with bilateral neck metastasis showed distant metastasis (P = 0.082). Multivariate analysis revealed that only pathologic T stage was related to distant metastasis (P = 0.044).

CONCLUSIONS

Further studies to establish the predictive factors for distant metastasis with additional clinicopathologic and molecular factors in larger patient group are required.