INTRODUCTION

Malignant tumors of salivary glands respond to 1 to 3% of all malignant neoplasms of head and neck tumors, with the main site being the parotid gland.

The probability of recurrence and dissemination is directly related to the aggressiveness of tumor. The standard treatment is the parotidectomy, which is being performed as cervical lymphadenectomy when needed.

The main objective is to analyze some of the epidemiological, clinical, surgical and histological characteristics of patients submitted to surgery due to parotid carcinoma in a head and neck surgery fellowship service.

METHODS AND MATERIALS

A retrospective study of patients’ records diagnosed with parotid carcinoma at our center in 2015 and 2016.

Inclusion criteria: patients submitted to total parotidectomy due to malignant neoplasms of the parotid gland.

Exclusion criteria: patients diagnosed with lymphomas, secondary malignant tumors of the parotid gland, metastatic tumors to the parotid gland; patients submitted to surgery in another service; incomplete records.

RESULTS

A total of 20 patients were included, with a median follow-up of 29.3 months. The median age at diagnosis was 42.6 years, with a male:female rate of 1:1. About 80% of the patients were in the 4th decade, corresponding to the most affected age group.

The most prevalent histological type was the low-grade mucoepidermoid carcinoma (35%), followed by adenoid cystic carcinoma (15%) and high-grade mucoepidermoid carcinoma (15%).

There was a balance between patients with pathologic stage I (40%) and II (40%) and stages III (10%) and IV (10%).

Treatment involved total parotidectomy, neck dissection and post-operative radiotherapy in, respectively, 75%, 40% and 40%.

Neck dissection statistics shows: Selective (I-III): four patients (20%) Radial (RND) or Modified Radical (MRND): three patients (15%) Level II dissection: two patients (10%) Level I, III, IV dissection: four patients (20%)

Four patients (20%) presented lymph node cervical metastases, which was the same rate of patients with locoregional recurrence.

Mammography was performed in one case. Skin necrosis was necessary in another two. Superficial parotidectomy corresponded to 25%, and second-time totalization in two cases.

No facial nerve sacrifice occurred in one case and in another one did not become necessary.

The main histological type which is most associated with metastasis is the adenoid cystic carcinoma. Therefore, none of the three cases in our study presented the same histological types.

Inclusion criteria: patients submitted to total parotidectomy due to malignant neoplasms of parotid submitted in a head and neck surgery fellowship service.

Exclusion criteria: patients diagnosed with lymphoma, secondary malignant tumors of the parotid gland, metastatic tumors to the parotid gland; patients submitted to surgery in another service; incomplete records.

RESULTS

A total of 30 patients were included, with a median follow-up of 29.3 months. The median age at diagnosis was 42.6 years, with a male:female rate of 1:1. About 80% of the patients were in the 4th decade, corresponding to the most affected age group.

The most prevalent histological type was the low-grade mucoepidermoid carcinoma (35%), followed by adenoid cystic carcinoma (15%) and high-grade mucoepidermoid carcinoma (15%).

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CONCLUSIONS

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REFERENCES


