Evolution of Parotidectomy Outcomes

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INTRODUCTION

Parotid tumors account for 8.4% of all head and neck tumors.4 Traditionally, the treatment of parotid tumors has been surgery.1,2 It has been suggested that the presence of extensive periparotid tissue and the close proximity of critical structures risk the development of facial nerve injuries.3 It is also believed that the removal of the parotid gland with adequate margins to prevent recurrence can also help lower the recurrence rate of the parotid gland.4

RESULTS

Of the 12 cases of transient facial nerve palsy, all 12 cases resolved by the last office visit. Of these patients, 11/12 (91.7%) had a normal FN, and 1/12 (8.3%) had a facial nerve deficit. The incidence of FN paresis was higher in those with a normal FN (79%) than in those with facial nerve injury (55%) (p = 0.06). Temporary FN palsy was seen more frequently in patients with a normal FN compared to those with facial nerve palsy (65% vs. 29%).

The aim of this study was to report demographics, patient factors, and surgical details of parotidectomy patients treated at the Eastern Virginia Medical Center. The overall complication rate for parotidectomy was 32%. Of the 98 patients in this study underwent 62 superficial, 26 parotidectomy, and 11 lateral parotidectomy

DISCUSSION

In our study, neither demographics (age, sex) nor presence of benign vs. malignant disease influenced transient facial nerve paralysis. The results of this study revealed that the majority of patients with transient facial nerve paralysis were male (56%) vs. female (44%); however, due to the small sample size, this difference was not significant. The average age at the time of parotidectomy was 57 years (± SD 14). 63% of parotid lesions were benign; 37% were malignant. Pleomorphic adenoma and Warthin's tumor were the most common benign and malignant lesions respectively. 7 lesions (34%) were malignant. The 98 patients in this study underwent 62 superficial, 26 parotidectomy, and 11 lateral parotidectomy.

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REFERENCES