Tumors of the PPS are rare, accounting for ~0.5% of all head and neck masses. The average age of patients in the study is 56.3 years (range 38-83 years). There were 5 men and 10 women. The majority of the PPS tumors were benign (11/15) and include pleomorphic adenomas, two paragangliomas, two glomus tumors, and one Warthin’s tumor. Tumors with malignant potential (4/15) were predominately adenoid cystic carcinoma. This is a large prestyloid mass with irregular density and lateral invasion. The parotid, UJ, and IJ is behind the mass.

METHODS

1. Precisely identify the anatomic origin allowing one to narrow the differential diagnosis list.
2. Identify hypervascular neoplasms to avoid complications of major vessel puncture.
3. Use the presence or absence of necrosis, fluid, and signal intensities on MR and CT imaging studies have become a required component in the differential diagnosis list.
4. Develop a preoperative diagnosis based on radiographic findings and management of PPS lesions are used to:
   - Differentiate between benign and malignant tumors.
   - Identify the anatomic location to guide the surgical approach.
   - Plan postoperative radiation and chemotherapy.

CONCLUSIONS

With the advent of improved imaging modalities, MRI and PET have become invaluable in the early diagnosis of rare tumors of the parapharyngeal space. The use of these imaging modalities in the diagnosis, management, and treatment of PPS lesions is crucial to improve patient outcomes.

SELECT REFERENCES