

Summary

Parotid tumors - A fifteen year retrospective study of the cases treated in the otorhinolaryngology department of "G. Papanikolaou" General Hospital

Kynigou M, Tsamopoulou M, Koutsimani Th, Goutsikas Ch, Mousallam S, Aidonis A.

ENT Department, General Hospital "G. Papanikolaou", Exohi, Thessaloniki

Parotid tumors represent the vast majority of salivary gland tumors. Their increased frequency combined with their close anatomic relation to the facial nerve and the parapharyngeal space makes correct and early diagnosis and treatment, essential.

We performed a retrospective study of the parotid tumors that we treated in the ENT department of "G.Papanikolaou" General Hospital over the last fifteen years. In total we treated 177 patients from which 104 were men (with mean

age 48 years) and 73 women (mean age 44 years). 171 of the cases were primary tumors and 6 were recurrences after previous surgical treatment.

In the diagnostic approach we used radiological examination in the form of CT or MRI scans and the final diagnosis was always confirmed by pathology report, as the treatment was primarily surgical resection.

The majority of these tumors (154 cases) were benign with adenolymphoma being the commonest among men and pleiomorphic adenoma being the commonest among women. In 23 of the cases the tumors were malignant with lymphoma being the commonest. Parotid tumors are usually benign and surgical removal remains the mainstay of treatment. Controversy exists over the preservation of the facial nerve, the performance of neck dissection and the use of radiotherapy.

Parotid tumors should receive a meticulous pre-op clinical and radiographic examination, and a careful surgical treat-

ment. A long-term postoperative follow-up is nevertheless recommended.

Key words: *salivary gland neoplasms, parotid neoplasms, facial nerve.*

References

1. Spiro RH. Diagnosis and pitfalls in the treatment of parotid tumors. *Semin Surg Oncol*; 7:20-41991.
2. Magnano M. et al. Treatment of malignant neoplasms of the parotid gland. *Otolaryngol Head Neck Surg Nov*; 121(5):627-32, 1999.
3. Numata T et al. Evaluation of the 1997 International Union Against Cancer TNM Classification of Major Salivary Gland Carcinoma. *Cancer Oct 15*; 89(8):1664-9, 2000.
4. Carew J et al. Treatment of recurrent pleomorphic adenomas of the parotid gland. *Otolaryngol Head and Neck Surg. Nov*; 121(5):539-42, 1999.
5. Henriksson G et al. Recurrent primary pleomorphic adenomas of salivary gland origin: intrasurgical rupture, histopathological features and pseudopodia. *Cancer*; 82:617-20, 1998.
6. Spiro JD, Spiro RH. Cancer of the Parotid Gland: Role of the 7th Nerve Preservation. *World J. Surg.*27,863-867,2003.
7. Spiro J et al. Carcinoma of the parotid gland. *Cancer*; 71:2669-705, 1993.
8. Armstrong JG et al. The indications for elective treatment of the neck in cancer of the major salivary glands. *Cancer*, 69:615-9, 1992.
9. Kane WJ et al. Primary parotid malignancies. *Arch Otolaryngol Head Neck Surg*; 117:307-15, 1991.
10. Armstrong JG et al. Malignant tumors of major salivary gland origin: A matched pair analysis of the role of combined surgery and postoperative radiotherapy. *Otolaryngol Head Neck Surg.* 1990; 116:290-3. 