



ORIGINAL ARTICLE

Parotid gland tumors: a retrospective study of 154 patients^{☆,☆☆}



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KEYWORDS

Parotid neoplasms;
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Abstract

Introduction: Benign tumors of the parotid gland comprise the majority of salivary gland tumors.

Objective: To review the clinical characteristics of parotid gland tumors submitted to surgical treatment by the same surgeon.

Methods: Retrospective study with 154 patients who had parotid gland tumors. Clinical and histological data, type of surgery, and complications were assessed and described.

Results: The main manifestation was a mass with a median evolution of 12 months for benign tumors and five months for malignant tumors. Ultrasonography was the most frequent complementary exam. Pleomorphic adenoma was the most common of the benign tumors, and mucoepidermoid carcinoma was the most frequent malignant tumor. Superficial parotidectomy with preservation of the facial nerve was the most common surgical procedure and reversible paresis of branches of the facial nerve was the most common complication.

Conclusions: Pleomorphic adenoma is the most common parotid gland tumor and superficial parotidectomy with preservation of the facial nerve is the most common and appropriate treatment for most low-morbidity tumors.

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PALAVRAS-CHAVE

Neoplasias
parotídeas;
Glândula parótida;
Glândulas salivares

Tumores de glândula parótida: estudo retrospectivo de 154 pacientes**Resumo**

Introdução: Os tumores de parótida são frequentemente de natureza benigna e correspondem à maioria dos tumores de glândulas salivares.

Objetivo: Revisar as características clínicas de neoplasias de parótidas submetidas a tratamento cirúrgico pelo mesmo cirurgião.

Método: Estudo retrospectivo, onde foram avaliados 154 pacientes com neoplasia de parótida. Dados clínicos, histológicos, tipo de cirurgia e complicações foram compilados e descritos.

Resultados: A principal manifestação foi a de uma massa tumoral com uma mediana de tempo de evolução de 12 meses para os tumores benignos e 5 meses para os tumores malignos. A ecografia foi o exame complementar mais indicado. Dentre os tumores benignos, o adenoma pleomórfico foi o mais comum e o carcinoma mucoepidermóide o mais frequente dentre os malignos. A parotidectomia superficial com preservação do nervo facial foi a cirurgia mais indicada e a paresia reversível de ramos do nervo facial, a complicação mais prevalente.

Conclusões: O adenoma pleomórfico é o tumor mais comum da glândula parótida e a parotidectomia superficial com preservação do nervo facial é o tratamento mais adequado para a maioria dos tumores de baixa morbidade.

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Introduction

Parotid tumors affect 1:100,000 people, representing 2–3% of tumors of the head and neck and 80% of salivary gland tumors.^{1,2} In 1991, parotid tumors were histologically classified into more than 30 types by the World Health Organization (WHO).²

The current literature estimates that approximately 80% of these tumors are benign, with pleomorphic adenoma being the most common and occurring between the fourth and sixth decades of life.³ Clinically, the most common manifestation of pleomorphic adenoma is the presence of a solitary, solid, firm, lobulated, mobile nodular lesion with well-defined margins, that is painless, to palpation, and of long evolution. This type of tumor can be quite large and invariably spares the function of the facial musculature. The second most common benign tumor is Warthin's tumor, which mostly affects men after the fifth decade of life and may be bilateral.

The most prevalent malignant tumor is the mucoepidermoid carcinoma, followed by adenoid cystic carcinoma. The presence of pain, facial paralysis, rapid growth, ill-defined margins, and skin infiltration are characteristics that are suspicious for malignancy.²

The first diagnostic imaging assessment for parotid tumors is usually ultrasonography, but this assessment does not determine the indication for surgical treatment. Computed tomography or magnetic resonance imaging assessment is not essential, but may be indicated in selected cases to plan appropriate treatment.² Fine-needle aspiration (FNA), whether or not guided by ultrasound, can be used as a complementary diagnostic test, especially when a non-characteristic manifestation of pleomorphic adenoma is suspected. The purpose of FNA is to differentiate benign from malignant tumors, as it usually does not establish the definitive histological diagnosis.^{1–3} Incisional

biopsy is contraindicated, as it is often the cause of neoplastic implantation and consequently, of recurrences of pleomorphic adenomas and malignant neoplasms. It is established that multiple recurrences of pleomorphic adenomas increase the possibility of malignant transformation of the tumor (carcinoma in a pleomorphic adenoma) and patients with these tumors often have undergone a biopsy or inadequate surgical excision in the past.¹

The parotid gland has a superficial lobe, lateral to the facial nerve, that comprises 4/5 of the glandular parenchyma, and a smaller deep lobe. Superficial parotidectomy with facial nerve preservation is the most often indicated surgical procedure, as 90% of the tumors are located in the glandular superficial lobe and, thus, do not affect the facial nerve.² Although tumors more often affect the superficial lobe, the term subtotal parotidectomy seems more appropriate than superficial parotidectomy.

The association between the facial nerve and the gland is responsible for most of the technical difficulties and complications of the surgical approaches. Because of a particular tumor histological type or extension, a decision to perform a parotidectomy with deliberate sacrifice of the facial nerve trunk or branches, possibly with an associated neck dissection, is sometimes made during surgery. Therefore, the pathologist's contribution of frozen section examination during surgery is essential. The treatment of malignant tumors of the parotid can be supplemented with adjuvant radiotherapy, but chemotherapy is rarely indicated. The prognosis is determined according to the histological type and the pre- and post-surgical staging.²

The objective of this study was to review the 154 parotidectomies performed by the same surgeon from 1990 to 2011, giving a current overview of clinical examination, laboratory tests, histological types, surgical management, complications, and postoperative outcomes, considering the prevalence of parotid tumors in this population.

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