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Review

Current thinking about the management of recurrent pleomorphic adenoma of the parotid: a structured review

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Abstract

Pleomorphic adenoma is the most common tumour of the parotid gland, and can recur after excision. Recurrent pleomorphic adenoma can be a challenge to treat, and has variable outcomes. The aim of this review was to summarise current thinking in its management, which may be helpful to clinical teams and could improve patients' health-related quality of life. We searched several online databases using the key terms pleomorphic adenoma, recurrent pleomorphic adenoma, parotid gland tumours, parotid surgery, radiotherapy and parotid pleomorphic adenoma, and parotid surgery outcomes. Information collected included sample size, recurrence rate, condition of the facial nerve, type of operation, adjuvant treatments associated with recurrence, and clinical outcome. We screened 2301 papers, of which 49 were eligible. There was no consensus among authors about management. There are few if any randomised studies, and so conclusions in most papers were based on coherent arguments. Pleomorphic adenomas of the parotid tend to recur after long intervals, with a propensity towards multifocal disease, and the risk of recurrence (which depends on the initial surgical technique) is higher when the initial operation was done at a young age, after enucleation, and if the initial margins were invaded. Published conclusions suggest that the accepted management varies from observation in selected cases to total parotidectomy with or without postoperative radiotherapy.

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Keywords: Pleomorphic adenoma; parotid gland; parotid surgery; recurrence

Introduction

The management of recurrent pleomorphic adenoma of the parotid gland is challenging because the operation is difficult, the tumour is often multinodular,¹ and it can be associated with compromise of the facial nerve. After recurrence there is an increased risk of further recurrence, and a risk of malignant transformation that was recently reported as 3.3%.^{2,3} The time interval from the initial treatment can be as long as 15 years,¹ and reported recurrence rates depend on the initial operation. After superficial parotidectomy the recurrence rate may be below 3%.⁴ Tumour-associated factors

that may have an influence on recurrence include its size,⁵ histopathological subtype,⁶ satellite nodules,² and inadequacy of encapsulation.⁷

Pleomorphic adenomas are no longer enucleated in contemporary surgical practice, and partial or total parotidectomy, or extracapsular dissection, are the operations of choice at initial presentation. When surgical factors are examined in detail, spillage of tumour, or invaded margins, or both, are associated with recurrence.² When we examined patient-associated factors, some papers indicated that the younger the patient is at initial presentation, the more common is later recurrence. However, this conclusion requires confirmation.⁵

There is a paucity of well-designed studies that define the role of radiotherapy in management. Surgeons have a reluctance to advocate its routine use because of the risks associated with radiation-induced malignancies, particularly

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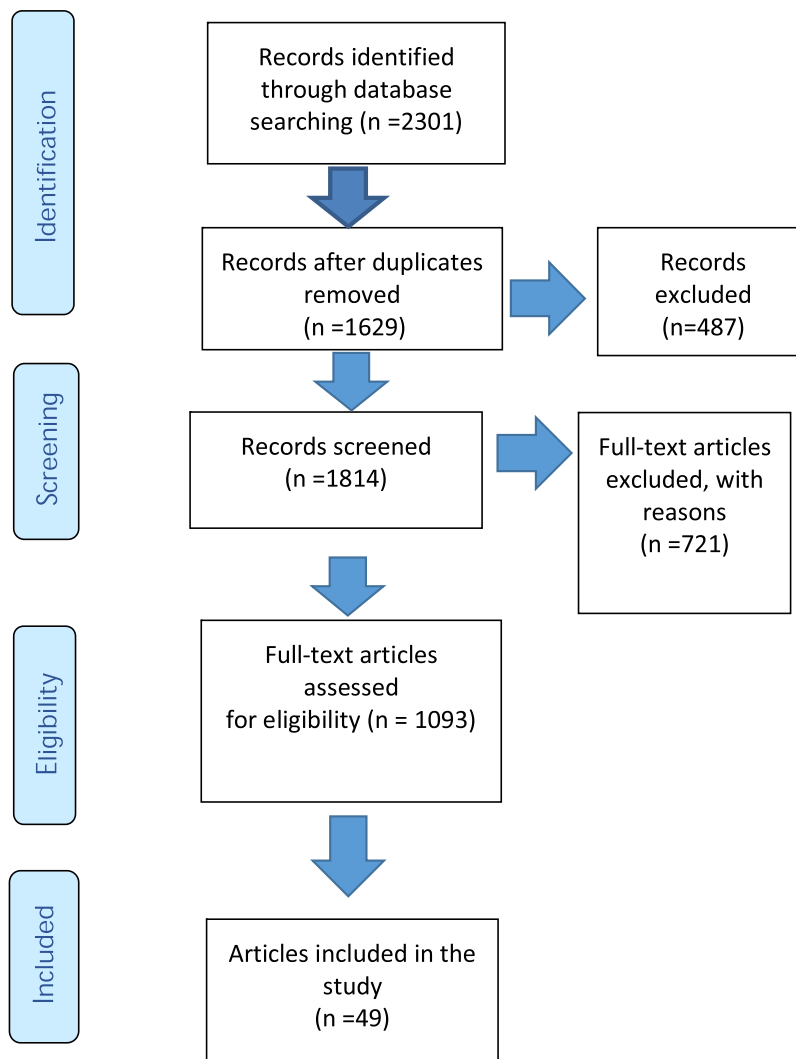


Fig. 1. Results of the search included in the review.

in younger patients.⁸ Published experience seems to have been derived from studies on the use of radiotherapy in patients with incomplete resection margins at the initial operation in which radiotherapy seemed to reduce recurrence.⁸ Chen et al⁹ evaluated its role in the management of recurrent disease, and found that the 20-year local control rate was 94% of 34. One patient developed a second malignant tumour about 14 years after the end of treatment.

The aim of this review was to evaluate current clinical practice and evidence-based understanding of the management of recurrent pleomorphic adenoma of the parotid.

Material and methods

We searched the following databases: PubMed, Handle-on-qol, Medline, Ebase (Excerpta Medica), Science Citation Index/Social Sciences Citation Index, and Ovid Evidence-Based Medicine databases, for the key terms pleomorphic adenoma, recurrent pleomorphic adenoma, parotid gland

tumours, parotid surgery, radiotherapy and parotid pleomorphic adenoma, and parotid surgery outcomes.

Most of the manuscripts included were written in English, and all instruments included in PRISMA guidelines were considered in the search and presentation of the results.¹⁰ A total of 2301 papers were identified. From an evaluation of the abstracts and available full text, 49 relevant papers were examined more closely (Fig. 1). Information was collected about the topic of the paper, size of the sample, recurrence rate, state of the facial nerve, type of operation, adjuvant treatments of recurrence, and clinical outcome (current clinical condition).

Results

We found 49 papers that satisfied our inclusion criteria (Fig. 1), most of which were retrospective case series. Details are given in Table 1 (Supplemental data online only).^{1,2,9,11–55}

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