

A CASE REPORT OF MINIMAL ACCESS APPROACH TO A GIANT PARAPHARYNGEAL SPACE

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Tumors of the parapharyngeal space (PPS) are rare, accounting for less than 1% of all head and neck neoplasms. Of PPS tumors, 70-80% is benign, 20-30% is malignant, and treatment is primarily surgical excision. The main surgical approaches are transcervical and transparotid-transcervical, with mandibulotomy for cases of massive or extensive tumors. We report the case of a 57-year-old male with a giant PPS tumor 90x85 mm in size with a 14-month history of breathing difficulty and dysphagia. The clinical manifestations included a mass in the oropharynx, a neck mass and eustachian tube obstruction. Endoscopic finding showed a bulking in the left parapharyngeal space, extending into the oropharynx, and causing a noticeable obstruction of respiratory tract. The patient was operated by a minimal invasive transcervical approach without regular mandibulotomy which was a challenging technique. Therefore, the complications and significant morbidity associated with mandibulotomy such as infection, temporomandibular joint dysfunction, nonunion, plate extrusion, and tooth loss could be avoided. Histological examination revealed a pleomorphic adenoma from deep lobe of the parotid. In conclusion, surgery is the mainstay of treatment for tumors of the parapharyngeal space. Here, we describe the removal of a large parapharyngeal pleomorphic adenoma transcervically with minor invasive approach without mandibulotomy.

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