

JOINT EVENT

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Role of neck dissection in patients with high-grade salivary carcinomas

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Aim: The aim of this study is to determine the role of neck dissection in patients with high-grade salivary carcinomas who have received radiotherapy.

Methodology: An ethics approved retrospective case review conducted from January 1969 to December 2015 at a tertiary referral Head and Neck Cancer Center in Sydney, Australia. Patients were selected for those who had previously had a histology proven high-grade untreated salivary gland carcinoma; 47 patients were found meeting this criterion. Patients were assessed as to whether they received primary surgery with or without radiotherapy, and whether they had undergone a neck dissection. The mean follow-up period was 57 months (SD= 56.69 months).

Results: All patients underwent primary surgical resection; only 7 patients (28.7%) did not receive radiotherapy, with 37 (78.7%) patients undergoing neck dissection. The highest incidence at a primary site was found in the parotid gland (72.3%), with the predominant pathology being adenocarcinoma (42.6%). Patients who underwent surgery and radiotherapy and those who underwent surgery only showed no significance difference in rate of recurrence ($P=0.7$). In the neck dissection group 12 (66.7%) patients had recurrence, at either local or nodal site ($P=0.058$).

Conclusions: Patients who have undergone radiotherapy and neck dissection for high-grade salivary gland carcinomas, likely do not benefit from a neck dissection in decreasing their risk of recurrence.

Biography

Ravjit Singh pursued his Degree in Medicine from the University of New South Wales (NSW), Australia (2013). He has been an active Member of the Prince of Wales ORL Head and Neck Research Group conducting research in the Head and Neck field. He is currently the Research Fellow at Prince of Wales Hospital, Sydney, NSW, Australia.

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