

8th International Conference on

Otorhinolaryngology

October 16-17, 2018 Rome, Italy

Relationship of occult cervical nodal metastasis with tumor depth in oral tongue squamous cell carcinoma

Adnan Yar Muhammad

Khyber Girls Medical College, Pakistan

Background: Oral cavity squamous cell carcinoma is the sixth leading cause of cancer worldwide. The oral tongue is the sub site most affected by carcinoma in the oral cavity. Tobacco and alcohol are considered common causative factors associated with squamous cell carcinoma of the oral cavity, while betel nut and tobacco chewing remains most common causative agent of oral carcinoma in Pakistan and India. Many histo-pathological parameters in head and neck squamous cell carcinoma have been identified as predictive factors for cervical metastasis. Depth of tumor appears to be a strong predictor for squamous cell carcinoma to metastasize to cervical lymph nodes. Precise clinically optimal depth of tumor cut of point has not been established. Several studies focused on tumor thickness and the depth of invasion was suggested to have a relationship to the occurrence of cervical metastasis.

Objective: The aim of this study was to determine the relationship between tumor depth and cervical lymph node metastasis in squamous cell carcinoma of the oral tongue.

Methods: The medical records of 297 patients were retrieved of which 80 met inclusion criteria. All patients of oral tongue squamous cell carcinomas underwent surgical resection and Neck dissection without any preoperative therapy between April 2000 to April 2010 was reviewed. Each patient's tumor type, tumor location, tumor size, depth of invasion was evaluated. Chi-square contingency tables were used to correlate clinical or histopathological parameters with metastasis in the neck.

Results: Total of 80 patients was included in our study. Mean age of 49.78 (± 14.09) years. The lymph node metastasis positively correlated with the depth of invasion. Patients with a depth of tumor invasion of greater than 5 mm were 1.41 times more likely to have a neck metastasis compared with those having a depth of tumor invasion of less than or equal to 5 mm. This difference was statistically significant ($P=0.043$).

Conclusion: Tumor depth of 5 mm is a reliable predictor for cervical lymph nodal metastasis and can be considered as a suggested standard cutoff number:

adnanhmc@gmail.com