Head and neck salivary gland carcinomas-elective neck dissection, yes or no?

Abstract:
Surgical resection and subsequent neck dissection (ND) in cases of clinically positive lymph nodes is an accepted primary treatment strategy for salivary gland carcinomas. Because of uncertainty in the extent of lymphogenic metastasis, the authors advocate a strategy of surgical resection and elective ND (END) for all patients. The authors evaluated their treatment by estimating the frequency of metastatic disease and identifying factors associated with an increased risk for metastatic disease. A retrospective cohort study was implemented using patient data obtained from the university's interdisciplinary board for head and neck tumors. Data were screened for age, gender, tumor entity, localization, grade, and TNM Classification of Malignant Tumors (by UICC, International Union Against Cancer) status. Statistical analysis was performed to identify possible predictors of lymph node metastasis. Nodal status groups (N(+) and N0) were compared with respect to age by t tests; other comparisons involved ?(2) tests. Ninety-four patients (50% female, 50% male; mean age, 59.12 yr) were identified, of whom 87 had an indication for END. On postsurgical histopathologic examination, 34 (39%; 17 male, 17 female) were diagnosed with N(+). Statistical analysis for nodal status produced explorative P values (age, P = .001; gender, P = .792; anatomic region, P = .114; tumor...
entity, P = .854; tumor status, P = .263; grade, P = .000). All studied malignancies were capable of
lymph node dissemination. Therefore, no reliable preoperative predictors for lymphogenic metastasis
are currently identifiable. Because of difficulties in safely predicting lymphogenic metastasis and the
high rate of N(+) results on postoperative examination, the authors strongly advise END for all
patients with salivary gland carcinoma.