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Abstract: A supraomohyoid neck dissection (SOHND) is part of the surgical management of patients with oral cancer, even in the absence of clinical or radiographic evidence of neck disease. We have investigated a standardized approach to the management of cervical lymph nodes, in patients with a primary oral cancer. A modified surgical technique has been presented and a clinical algorithm has been described and evaluated. SOHND was performed either uni- or bi-laterally. In cases of positive nodes in levels II or III, the dissection was extended in terms of a modified radical neck dissection (MRND) and a SOHND was performed contralaterally. 112 patients were included. 42% had lymph node metastases in any level. Overall, lymph node metastases were found in 2.8% of all examined nodes. Most metastases (34.6%) occurred in level Ib. 12.6% were located in level IIb. No metastases could be detected in levels IV and V. No statistically significant difference could be shown with regard to T-stage, location, or co-factors as gender and age. SOHND is the gold-standard in patients with no preoperative evidence of lymph node metastases. The presented algorithm is able to facilitate dissection and histological analysis and might improve the surgical care in current treatment concepts. The extension to an MRND facilitates the identification of patients in need of adjuvant
therapy.

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