

Diseases of the Ear, Nose and Throat



1st Lecture:

Salivary Gland Tumors Done by: Bushra Alhela

The slides were provided (Dr. Saleh Aldhahri)

Important Notes in **red**

Copied slides in **black**

Your notes in **green/ blue**

Titles and subtitles in this color

Highlight possible MCQs mentioned or pointed by the doctor

What is the most common tumor of the parotid?

- 90% of parotid tumors are benign tumor
- 90% of parotid tumors are Pleomorphic adenoma (other name :benign mixed tumor)
- Second most common benign tumor Warthin tumor

If you go to submandibular gland , what's the chance of patient with submandibular tumor having malignant tumor ?

40%

What are the benign tumors of submandibular gland exactly the same ; Pleomorphic adenoma and Warthin tumor.

How about sublingual? What is the chance that they have malignant tumor ?

60%

What are most benign tumors? The same.

How about minor salivary gland (found in palatal buccal, , and tongue) ?

80-90% malignant.

Mast common benign ?the same

The key point here is the larger the gland the less likely the malignant behavior, and the smaller the gland the most likely that the patient have malignancy.

When I see a minor salivary gland in the palat →immediately this most likely malignant tumor.

While the parotid the opposite → most likely benign

Of Corse, this is if we are talking about general behavior ;general principle. However symptoms could be variable.

I could present you a patient with acute 6 or 7 weeks rapidly growing mass in the parotid →this mast likely malignant.

We have 4 tumors we have to remember

2 benign : -Pleomorphic adenoma
-Warthin tumor

2 malignant: -mucoepidermoid carcinoma
-Adenocystic carcinoma

The parotid the most common is mucoepidermoid carcinoma

The second most common is Adenocystic carcinoma

The rest of salivary gland is revers

Diagnosis : we have to do FNA.

investigation :CT scan ,MRI as needed.

Treatment of salivary gland tumors usually surgical

If I tell you this is pleomorphic adenoma, what is the classical treatment?

Superficial parotidectomy ;you remove all the tumor above the facial nerve.

If it is malignant we be more aggressive in the surgery whether we do radical were we remove facial nerve and everything or we just save the facial nerve it's quite different based on different pateints.

Alarming sign in parotid mass

- Facial nerve paralysis
- Pain
- Skin fixation
- Presence of lymph nodes

So, if you have a parotid mass with lymph node and rapidly growing this is very bad sign ,this is most likely malignant.

If you have pain in the parotid tumor ,this is very bad sign.

If you have patient with facial nerve paralysis this is not benign , this is most likely malignant.

If you have skin invasion this is most likely malignant.

Patient presented with left neck mass for almost 3 years , CT scan shows large cystic lesion with lymphoid component in it , what is the treatment ?

Superficial parotidectomy

Patient did well and alright ,for about 4-5 weeks he started to have rapidly growing mass in the left side of her neck with low grade fever ,weight loss ,multiple cervical lymphadenopathy and hepatosplenomegaly. What is the most likely diagnosis ?

I couldn't hear it

What is the cystic lesion that stays for years without causing any problem ,get infected sometime and disappear ,located exactly mid side of the neck?

Branchial Cleft Cysts

What is the treatment of Thyroglossal Cyst?

Thyroglossal Cyst most of the time they have tract that go inside ,behind the hyoid bone ,and coming through the base of the tongue.

So, if just excise the cyst it will come back again, so we do cyst tract procedure and this is a very common question by the way(if you forget the name it's not a big deal for me),the treatment is the following :dissecting the cyst with the tract and the body of hyoid bone .

Doctor's slides

Salivary Gland Tumors

- Enlarging mass anterior/inferior to ear or at the mandible angle is suspect
- Benign
 - Asymptomatic except for mass
- Malignant
 - Rapid growth, skin fixation, cranial nerve palsies, pain
- Diagnostic tests
 - Open excisional biopsy (submandibulectomy or parotidectomy) preferred
 - FNAB
 - Shown to reduce surgery by 1/3 in some studies
 - Delineates intra-glandular lymph node, localized sialadenitis or benign lymphoepithelial cysts
 - May facilitate surgical planning and patient counseling
 - Accuracy >90% (sensitivity: ~90%; specificity: ~80%)
 - CT/MRI – deep lobe tumors, intra vs. extra-parotid
- Be prepared for total parotidectomy with possible facial nerve sacrifice

Branchial Cleft Cysts

- Branchial cleft anomalies
- 2nd cleft most common (95%) – tract medial to XII nerve between internal and external carotids
- 1st cleft less common – close association with facial nerve possible
- 3rd and 4th clefts rarely reported
- Present in older children or young adults often following URI
- Most common as smooth, fluctuant mass underlying the SCM
- Skin erythema and tenderness if infected
- Treatment
 - Initial control of infection
 - Surgical excision, including tract
- May necessitate a total parotidectomy (1st cleft)

Thyroglossal Duct Cyst

- Most common congenital neck mass (70%)
- 50% present before age 20
- Midline (75%) or near midline (25%)
- Usually just inferior to hyoid bone (65%)
- Elevates on swallowing/protrusion of tongue
- Treatment is surgical removal (Sis trunk) after resolution of any infection

