

BENIGN PAROTID TUMORS: AN EXPERIENCE IN A GENERAL SURGICAL UNITVijaya Kumar¹, Sarbeshwar Bhuyan², M. Gogoi³**HOW TO CITE THIS ARTICLE:**

Vijaya Kumar, Sarbeshwar Bhuyan, M. Gogoi. "Benign Parotid Tumors: An Experience in a General Surgical Unit". Journal of Evolution of Medical and Dental Sciences 2015; Vol. 4, Issue 30, April 13; Page: 5138-5141, DOI: 10.14260/jemds/2015/750

ABSTRACT: Parotid tumors are mostly benign, but their evaluation and treatment require a thorough knowledge of the relevant anatomy and pathology. Surgical treatment of benign tumors is aimed at complete removal of the mass with facial nerve preservation. The aim of this study was to evaluate the post-operative complications of superficial parotidectomy in benign parotid tumors.

KEYWORDS: Benign, parotidectomy.

INTRODUCTION: The parotid ("near the ear") gland, the largest of the salivary glands, occupies the space immediately anterior to the ear, overlying the angle of the mandible. It drains into the oral cavity via Stensen's duct, which enters the oral vestibule opposite the upper molars.

Parotid tumors are most common among all salivary gland tumors. 80—90% of tumors are benign. Majority of the tumors arise in the superficial lobe, deep lobe tumors are rare and mostly malignant.

A thorough history and physical examination is important in the workup of parotid masses. The major goal in the evaluation is to determine or exclude the diagnosis of malignancy. History often is the most useful tool in distinguishing inflammatory from neoplastic masses.

Clinical examination and FNAC¹ will help in diagnosis. Parotidectomy is performed for benign and malignant diseases of the parotid gland. Post-operative complications following parotidectomy are well documented and include complications such as facial nerve paresis or paralysis, salivary fistula, Frey's syndrome, infection, and recurrence of the tumour. Parotid gland surgery complications can affect quality of life and are potentially disfiguring. In present study All benign parotid tumors are managed by superficial parotidectomy which is most commonly performed in general surgical unit.

METHOD: This study was a retrospective case series analysis of all patients who underwent superficial parotidectomy in department of general surgery, Assam medical college, Dibrugarh between 2010 to 2012. All patients had undergone superficial parotidectomy for benign parotid lesions.

This study comprised of 11 patients diagnosed on the basis of history, examination and FNAC who underwent superficial parotidectomy in the Department of General Surgery, AMCH, Dibrugarh. The patient-related data included age, gender, histological diagnoses, surgery and complications with timings. Patients were followed up for a period of 2 years on OPD basis for post-operative complications.

RESULTS: In the present series of 11 patients male preponderance (9 out of 11) was seen. Age group ranged from 12 years to 54 years. With a mean age of 33.81 years. 10 cases were new and one case of recurrence was there. All 11 cases undergone superficial parotidectomy, out of which 8 were

ORIGINAL ARTICLE

pleomorphic adenoma, 2 cases of adenolymphoma and one sebaceous cyst within parotid gland. Lower facial and ear numbness was noticed in 6 out of 11 cases, Temporary lower facial weakness was present in 4 out of 11 cases, all were recovered by maximum of 6 months. 5 out of 11 cases developed seroma which resolved on aspiration. 1 patient had hematoma resolved on evacuation and compression dressing. None of our patient had infection, permanent facial weakness, freys syndrome and recurrence.

	Temporary facial palsy	Permanent facial palsy	Salivary fistula	Frey's syndrome	Recurrence
Scott E henney et al. (2009)	38 %	-	7.7 %	7.7 %	5 %
Rehberg et al. (1998) ²	22 %	-	-	-	0 %
Roh et al. ³	34.7 %	2 %	-	-	-
McGurk et al ⁴				38 %	2 %
Hancock et al. ⁵	-	-	-	25 %	-
Prichard et al. ⁶				40 %	
Klintworth et al.	10 %	2.12 %	-	-	0 - 5 %
Guntinas-Lichius et al. (2009)	-	6 %	-	-	-
Present series	25 %	0 %	0 %	0 %	Nil

Table 1



Figure 1: Left Parotid Enlargement



Figure 2: LAZY S- INCISION



Figure 3: Facial Nerve Branching



Figure 4: Greater Auricular Nerve

DISCUSSION: Knowledge of risks helps focus improvements through technological advancement and surgical technique to improve outcome following parotid surgery. Surgeons continue to endeavour to minimise the risk of complications resulting from parotidectomy. The aim of the study was to determine the timing of post-operative complications following superficial parotidectomy. Lower facial and ear numbness was noticed in 6 cases. Temporary lower facial weakness was present in 4 cases patient had concern about the weakness, all were recovered by maximum of 6 months. 5 out of 11 cases developed seroma which resolved on aspiration on opd basis maximum upto 2 weeks. 1 patient had hematoma resolved on evacuation and compression dressing by 2 weeks.

CONCLUSION: Parotid tumors are rare and surgery is mainstay for its management. Parotid surgery has now reached the point at which the surgeon, in most cases, should be able to match expectations of the patient. Surgeons have to pay attention to minimize the risk of complication during parotidectomy at a general surgical set up.

REFERENCES:

1. Stewart CJ, Mackanze, et al: fine needle aspiration cytology of salivary gland: Diagn cytopathol 22: 139-146, 2000.
2. Rehberg E, Schroeder HG, Kleinsasser O. Surgery in benign parotid tumors: individually adapted or standardized radical interventions [in German]? Laryngorhinootologie 1998; 77: 283-288.
3. Roh JL, Kim HS, Park CI. Randomized clinical trial comparing partial parotidectomy versus superficial or total parotidectomy. Br J Surg 2007; 94: 1081-1087.
4. McGurk M, Renehan A, Gleave EN, Hancock BD. Br J Surg 1996; 83: 1747-1749.
5. Hancock BD. benign parotid tumours: Ann R Coll Surg Engl 1999; 81: 299-301.
6. Prichard AJ, Barton RP, Narula AA. Complications of superficial Parotidectomy in the treatment of benign parotid lesions. J R Coll Surg Edinb 1992; 37: 155-158.
7. Reilly J, Myssiorek D (2003) Facial nerve stimulation and postparotidectomy facial paresis. Otolaryngol Head Neck Surg 128: 530-533. doi: 10.1016/S0194-5998 (03) 00089-5.

ORIGINAL ARTICLE

AUTHORS:

1. Vijaya Kumar
2. Sarbeshwar Bhuyan
3. M. Gogoi

PARTICULARS OF CONTRIBUTORS:

1. Senior Resident, Department of General Surgery, RIMS, Raichur.
2. Associate Professor, Department of General Surgery, AMCH, Dibrugarg.
3. Registrar, Department of General Surgery, AMCH, Dibrugarg.

FINANCIAL OR OTHER

COMPETING INTERESTS: None

NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Vijaya kumar
House number 1-4-155/134,
Jyothi colony near IB colony,
Raichur-584102,
Karnataka.
E-mail: rathod.dr@gmail.com

Date of Submission: 02/04/2015.
Date of Peer Review: 03/04/2015.
Date of Acceptance: 07/04/2015.
Date of Publishing: 10/04/2015.