Is Selective Neck Dissection An Adequate Treatment For Node Positive Oral Cavity Squamous Cell Carcinoma? A Retrospective Cohort Study

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Introduction

Oral cancers is the second most common cancer in Karachi. Neck dissection is considered the standard of care in management of neck in oral cancers. Presence of neck metastasis reduces the survival up to 50 percent. Morbidity associated with neck dissection remains a challenge. Selective neck dissection in clinically node negative neck is considered to be the standard of care for oral Squamous Cell Carcinoma (SCC). Controversy still prevails in node positive disease regarding extent of neck clearance and in many centers modified radical neck dissection is considered as a minimal optimal treatment for palpable neck disease.

Rationale

Despite the shifting paradigms towards selective neck dissection in node positive neck disease, there is paucity of literature form developing countries on the efficacy of selective neck dissection.

Objective

To assess the role of selective neck dissection in patients with clinically positive nodes. Survival in node positive patients was compared with node negative patients after selective neck dissection of level I-IV.

Material and methods

This is a retrospective cohort study conducted in the department of Otolaryngology Head and neck surgery Patel Hospital, Karachi. All patients with biopsy proven oral and lip squamous cell carcinoma that underwent selective neck dissection, between April 2006 and July 2015 were included in the study. Patients with modified radical or radical neck dissection were excluded from the study. End point of the study was neck recurrence, overall and disease specific survival. Outcome of patients with node positive disease were compared with node negative disease.

Results

Total of 124 patients with oral carcinoma underwent selective neck dissection. Mean age was 47 years, 70 % of patients were male. 77(62%) were clinically node negative and 47(38%) patients had clinically positive nodes in the neck. The mean follow-up was 18 months (SD = 19). The overall regional control rates were 95% vs. 96% for clinical negative vs. positive nodes, respectively (P = 0.589). The overall survival was 83% in node negative group vs. 70% in node positive disease (P=0.73)

Lymph Node Status (n=124)

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Conclusion

Selective neck dissection in node positive oral SCC has similar regional control rates, when compared to node negative SCC. The difference in overall survival between the two groups is also not significant. Therefore, we suggest that selective neck dissection can be done in patients of oral SCC with palpable neck disease.

References