

Transoral Endoscopic Resection of Oropharyngeal Minor Salivary Gland Carcinoma - Case Report

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Abstract: Primary treatment modality of oropharyngeal carcinoma is non surgical. However minor salivary gland tumors warrants surgery whichever site may it be, owing to its radioresistance. Conventional surgery for these tumors in oropharynx has significant morbidity due to mandibulotomy, tracheostomy, prolonged hospital stay etc. Minimal access surgery avoids these factors, making it a day care procedure.

Keywords: Minor salivary gland, Oropharynx, Endoscopic surgery

1. Introduction

Salivary gland neoplasms are distinct lesions with varied morphology, which poses challenges in its management [1]. Unlike major salivary gland tumors, minor salivary gland tumors are usually malignant. [2]. Mucoepidermoid carcinoma, adenoid cystic carcinoma are the usual ones [3]. Minor salivary gland tumors constitute 2 - 3% of head and neck cancers & can occur anywhere from oral cavity to various sites of upper aerodigestive tract. Surgery is the primary treatment modality irrespective of its site, as these tumors are chemo and radio resistant [4]. Conventional resection of tumors arising in oropharynx needs mandibulotomy and has significant post op morbidity and increased duration of hospital stay. Transoral endoscopic resection of these tumors avoids these cons in oropharyngeal tumor surgery [5]

2. Case Details

55 years old female patient evaluated for odynophagia and foreign body sensation in throat. Clinically there was 3*2.5 cm proliferative lesion in the right side of oropharynx. No other synchronous lesions or significant neck nodes. No trismus.

CT showed a well defined heterodense lesion of 2.9*2.6cm in the right side of oropharynx with involvement of soft palate, anterior tonsillar pillar. No significant neck nodes. (Image: 1)

Biopsy from the lesion revealed minor salivary gland carcinoma, probably acinic cell tumor

After appropriate preparation, patient was taken up for surgery. Under nasal intubation general anaesthesia, tumor was resected endoscopically with adequate margins. Postoperative period was uneventful. Patient was discharged within 24 hours.

Image 2 and 3 shows intraoperative picture and tumor bed. The specimen picture is shown in image 4.

Post operative histopathology: Acinic cell tumor. All margins were negative. Image 5 shows histopathology picture.

3. Discussion

Unlike squamous cell carcinomas, oropharyngeal minor salivary gland tumors always require surgery [6]. Historically done conventional resections has several drawbacks like prolonged duration of surgery, mandibulotomy, tracheostomy, few weeks of ryles tube feeding, wound morbidity, potential delay in adjuvant radiotherapy, longer duration of stay, cosmetic issues etc [7]. Similar to minimal access surgeries for thorax and abdomen, Minimal access surgery significantly avoids these drawbacks in these oropharyngeal tumors [8]. Among all endoscopic resection is ideal one which makes it a day care scarless procedure. Appropriate preoperative evaluation, expertise in minimal access technique helps in appropriate resection of these lesions without oncological compromise (9).

Conflicts of interest: Nil

Informed consent: Obtained from the patient and family

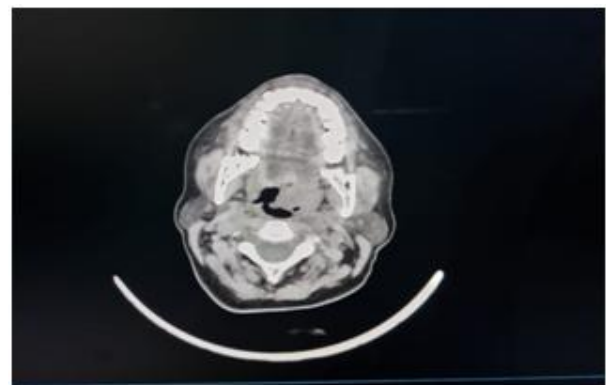


Image 1: CT neck

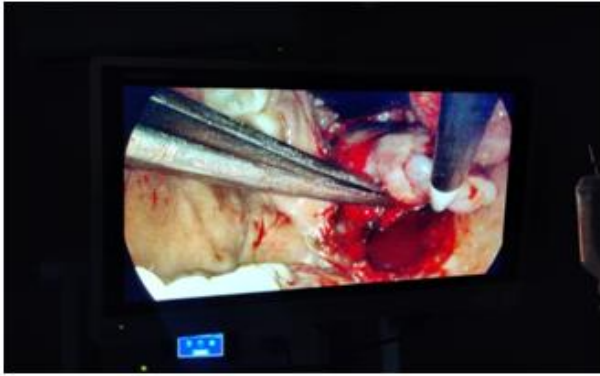


Image 2: Resection of lesion



Image 3: Resection bed



Image 4: Specimen

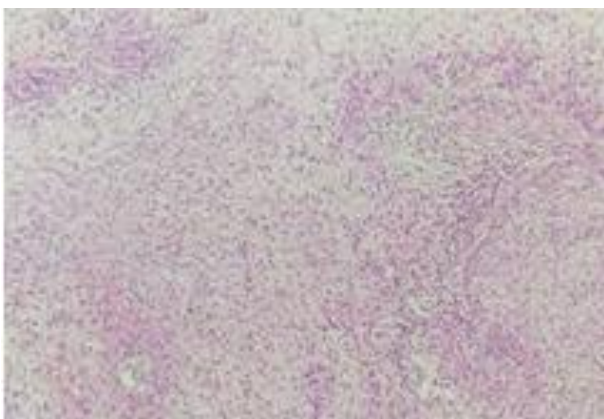


Image 5: Histopathology

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