

TREATMENT OF SALIVARY GLAND MALIGNANCIES

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The treatment guidelines are based on retrospective studies, with very little randomised evidence to guide treatment decisions. Surgery forms the mainstay of treatment with a goal to extirpate the tumour with microscopic margins of at least 0.5 cm. The extent of resection is determined not only by the size and stage of the malignancy but also by the grade of differentiation. The preservation of the facial nerve should be planned, but not at the cost of residual disease. Elective neck dissection should be offered for T3/T4 and high-grade tumours. In node-positive disease, comprehensive neck dissection is mandatory. Adjuvant radiotherapy is advocated for stage III and IV tumours, high grade of differentiation as well as the presence of high-risk features such as close/positive surgical margins, the presence of perineural or lymphovascular invasion and nodal metastases with extranodal extension. The role of chemoradiation in the adjuvant setting is still under investigation. In unresectable or metastatic tumours, palliative chemotherapy and/or targeted therapy is being explored.

the American Joint Committee on Cancer system. T category T criteria TX Primary tumour cannot be assessed T0 No evidence of primary tumour Tis Carcinoma in situ T1 Tumour 2 cm or smaller in greatest dimension without extraparenchymal extension T2 Tumour larger than 2 cm but not larger than 4 cm in greatest dimension without extraparenchymal extension T3 Tumour larger than 4 cm and/or tumour having a extraparenchymal extension T4a Moderately advanced disease Tumour invades skin, mandible, ear canal and/or facial nerve T4b Very advanced disease Tumour invades skull base and/or pterygoid plates and/or encases carotid artery a Extraparenchymal extension is clinical or macroscopic evidence of invasion of soft tissues. Microscopic evidence alone does not constitute extraparenchymal extension for classification purposes.

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Revision #1

Created 2025-12-31 15:20:40 UTC by Omar Ayman

Updated 2025-12-31 15:20:40 UTC by Omar Ayman