

International Conference on

AESTHETIC MEDICINE AND ENT

July 06-08, 2017 Kuala Lumpur, Malaysia

Predictors of locoregional recurrence in early stage buccal cancer with pathologically clear surgical margins and negative neck

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Objective: The purpose of this study was to identify the significant predictors of locoregional recurrence in early stage SCCA of buccal mucosa with pathologically clear surgical margins and negative neck.

Materials & Methods: We retrospectively reviewed records of 73 patients who underwent per oral wide excision and supraomohyoid neck dissection for early stage buccal SCCA between 2007 and 2011 with clear surgical margins (>5 mm margins each) and negative neck (N0). None of the patients received postoperative radiotherapy or chemotherapy. The primary endpoint of the study was local, regional or locoregional recurrence. Univariate and multivariate analyses were used to identify independent predictors of locoregional recurrence.

Results: Recurrence was observed in 22 of 73 (30%) patients at the end of this study. Twelve (54.5%) had local, seven (31.8%) had regional and three (13.6%) developed locoregional recurrences. Sixteen patients (72.2%) had recurrence within the first 2 years of primary treatment. Both univariate and multivariate analyses demonstrated that lymphovascular invasion (LVI) and non-T4 muscular invasion (non-T4MI) were independent predictors affecting locoregional control.

Conclusion: Our results demonstrate that LVI and non-T4MI significantly increased the locoregional recurrence rate in early stage buccal SCCA with clear surgical margins and negative nodal status. Adjuvant treatment with either radiation or chemoradiation should be considered when one or both of these factors present.

Biography

Shakeel Uz Zaman completed his MBBS from King Aga Khan University, Later he joined for specialization of Otorhinolaryngology at Liaquat National Hospital & Medical College, Karachi, Pakistan.

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