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SALVAGE SURGERY FOR PATIENTS WITH RECURRENT ORAL AND OROPHARYNGEAL SQUAMOUS CELL CARCINOMA INVOLVING THE CAROTID ARTERY

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Background: Involvement of the carotid artery (CA) is classified as a stage IVb disease, which is considered to be unresectable. Outcomes of salvage surgery and carotid artery (CA) management were evaluated in patients with oral and oropharyngeal cancer.

Patients & Methods: Thirty-six patients with advanced recurrent oral and oropharyngeal SCC involving the CA underwent salvage surgeries and reconstruction with flaps. The age range of the 28 males and eight female patients was 46–72 years. Four patients suffered carotid blowout requiring emergency surgery. They underwent wide resection of the tumor with CA resection. Reconstruction with a vascular prosthesis was performed in eight (22.2%) patients; eight (22%) others underwent subadventitial dissection of the CA; four patients (11.1%) were treated by CA subadventitial dissection and encapsulation with a vascular prosthesis; and 16 patients (44.4%) underwent CA resection alone. Reconstruction of the major defect was performed in 22 patients (61.1%) with an extended vertical lower trapezius island myocutaneous flap or folded flap; 10 (27.8%) had a pectoralis major myocutaneous flap; two (5.6%) had a submental flap; and two (5.6%) had a forearm free flap.

Results: All rCS IVb tumors were completely removed, and the tissue defects were successfully reconstructed with flaps. Postoperative transient hemiplegia occurred in two patients who underwent CA resection, but it resolved completely within 6 weeks. Four patients who underwent CA resection and reconstruction with a vascular prosthesis or CA subadventitial dissection suffered carotid blowout during the perioperative period; both were treated by ligating the CA. Two patients who underwent CA resection and reconstruction with a vascular prosthesis had a carotid embolism. None of the patients developed neurologic sequelae. After 3–46 months of follow-up, 24 patients (66.7%) had no evidence of disease, four (11.1%) showed evidence of disease, and eight (22.2%) died of local recurrence or distant metastases at 5–36 months.

Conclusions: Although these percentages are far from optimal, salvage surgery currently offers effective treatment without major complications for patients with rCS IVb oral and oropharyngeal SCC involving the CA. CA sacrifice offers a viable treatment strategy. Major defects can be reconstructed with a trapezius flap.

Recent Publications

1. Chen W L, Yang Z H, Huang Z Q, et al. (2017) Craniofacial resection and reconstruction in patients with recurrent cancer involving the craniomaxillofacial region. Journal of Oral and Maxillofacial Surgery 75(3):622-631.
2. Chen W L, Yang Z H, Zhou B, et al. (2016) Salvage surgery for patients with recurrent oral and oropharyngeal squamous cell carcinoma involving the carotid artery. Journal of Oral and Maxillofacial Surgery 74(7):1483-93.
3. Chen W L, Wang Y Y, Zhang D M, et al. (2016) Extended vertical lower trapezius island myocutaneous flap versus pectoralis major myocutaneous flap for reconstruction in recurrent oral and oropharyngeal cancer. Head Neck. 38(S1):E159-E164.
4. Chen W, Yang Z, Zhang D, et al. (2014) Second salvage surgery with extended vertical lower trapezius island myocutaneous flap reconstruction for advanced re-recurrent oral and oropharyngeal squamous cell carcinoma. International Journal of Oral and Maxillofacial Surgery 43(5):531-8

Biography

Wei Liang Chen is a Professor, Chief Surgeon and Director, Center of Cranio-Maxillofacial Surgery of Sun Yat-sen University. He focus on the diagnosis and surgical treatment of oral and cranio-maxillofacial tumors including craniofacial resection and reconstruction in patients with recurrent cancer involving the craniomaxillofacial region, salvage surgery for patients with recurrent oral and oropharyngeal cancer involving the carotid artery and comprehensive treatment of hemangiomas, vascular malformation, arteriovenous malformations and lymphatic malformations. He has received 14 grants from national and provincial research funds and has holding the national medical education on comprehensive treatment of oral and cranio-maxillofacial tumors from 2001 to 2017. More than 100 papers were published in international peer-reviewed journals.

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