TUMORS OF SALIVARY GLANDS

AN ESSAY

SUBMITTED FOR PARTIAL FULFILLMENT OF

MASTER DEGREE IN GENERAL SURGERY

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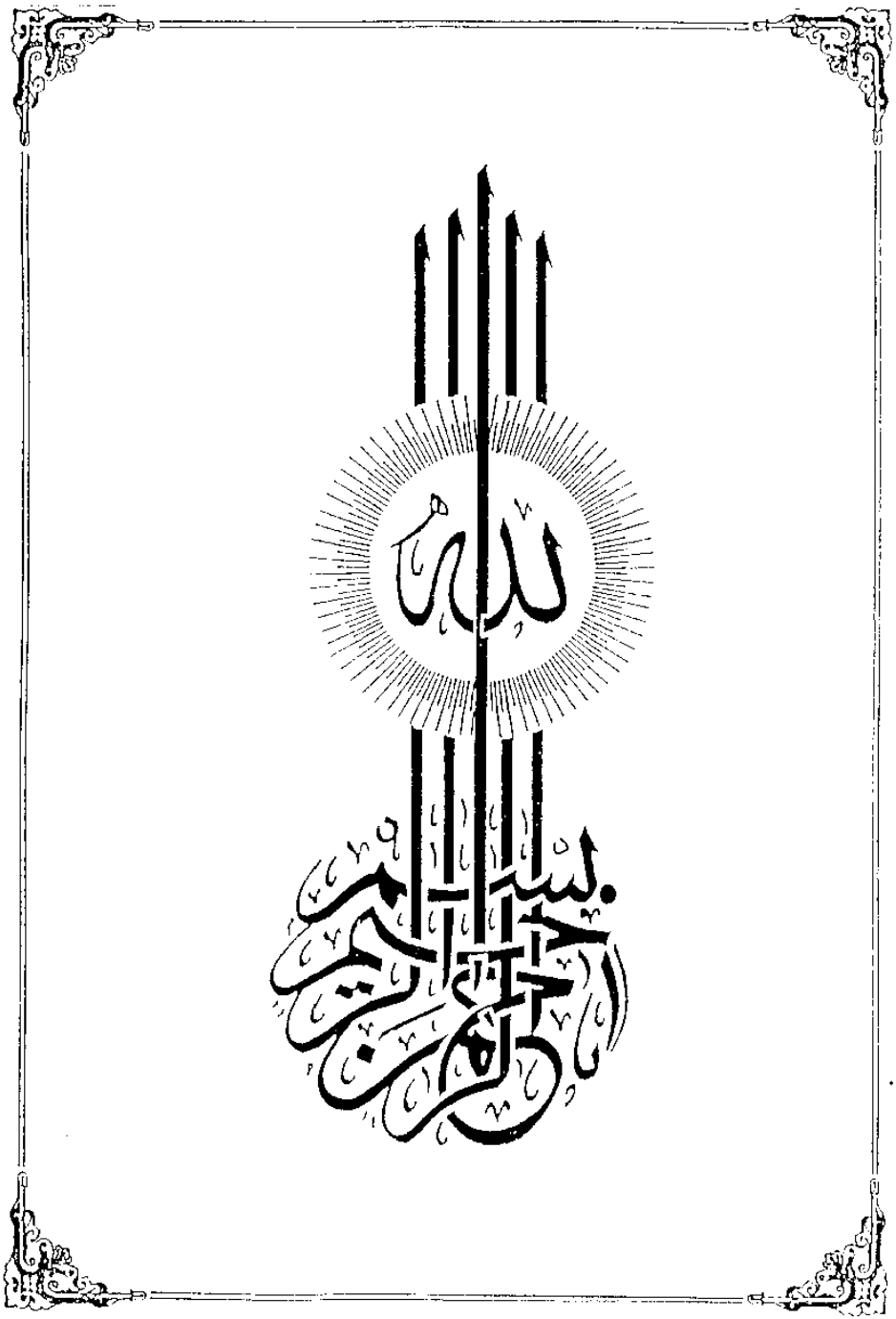
INTRODUCTION



INTRODUCTION

Salivary glands are divided into two groups that is the major salivary galnds and the minor salivary glands. The major salivary glands are the paired parotid, submandibuler and sublingual glands. The minor salivary glands are located in the mucous membrane of the respiratory tract and upper digestive tract. Tumors of the salivary glands comprise less than three percent of all tumors of the head and neck region *[Leegaard and Lindeman, 1970]*. In spite of that they are of high intrest and challenge to the surgeon because of their complex and varying array of histologic types and their regional anatomical relationships.

Between 75 and 85 percent of all salivary gland tumors are found in the parotid gland and about six percent in the submandibular gland *[Eneroth, 1970]*. There is no specific sex predilection except for warthins tumor which show a decided male predominance *[Chaudhry and Gorlin, 1985]*. The incidence of malignancy in salivary glands increases as the size of the gland decreases.

A charachteristic behaviour of the salivary gland tumors was summarized by *Ackerman (1962)* : " the usual tumor of salivary gland is a tumor in which the benign variant is less benign than the usual benign tumor and the malignant variant is less malignant than the usual malignant tumor".

PATHOLOGY OF SALIVARY GLAND TUMORS

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Despite their charachteristically rather pronounced variation in histological appearance, all the salivary gland tumors where separated into infiltrating and encapsulated types. With considerable delay till the fifth decade of this century, with improvement of surgical and anaesthetic techniques, advent of antibiotics, revived the role of surgery for both benign and malignant tumors of the salivary glands *[Batsakis, 1979]*. The delay was due to the relative rarity of salivary gland tumors and the policy of expectant treatment considered by *Mc Ferland in 1933*, that surgical treatment of salivary gland tumors was unnecessary. Also the lack of a universally accepted classification of the salivary gland tumors added another difficulty that led to the delay *[Batsakis, 1979]*.

The diverse histopathological expression in the salivary gland tissue that may be-in part-due to the presence of myoepithelial cells in the salivary tissues. Also the presence of the facial nerve within the parotid gland makes a great difficulty in the treatment of tumors of the parotid gland.

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بسم الله الرحمن الرحيم

"وفوق كل ذي علم عليم"

صدق الله العظيم

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The prognosis of salivary gland tumors is expressed in twenty years rather than five or ten years term *[Ackerman and Del Regato, 1962]*.

Incidence of salivary gland tumors

About 85 percent of salivary gland tumors occurs in the parotid gland and about six percent were located in the submandibular gland *[Eneroth, 1971]*. Benign tumors represent more than four fifths of the parotid gland tumors. However palatine salivary gland tumors are about half malignant *[Batsakis, 1979]*. According to *Eneroth (1970)* one of six of parotid tumors, one of three of submandibular tumors and half of palatine tumors will be malignant. *Baker et al. (1966)* reported that about 10% of all malignancies of the head and neck are malignancies of the salivary glands .

Table (1) show the percentage frequency of all primary epithelial salivary gland tumors and the percentage of malignant tumors analysed by site. (from *Eveson and Cawson, 1985)*.