سامية محمد مصطفى

شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

سامية محمد مصطفى

شبكة المعلومات الجامعية

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التوثيق الالكتروني والميكروفيلم

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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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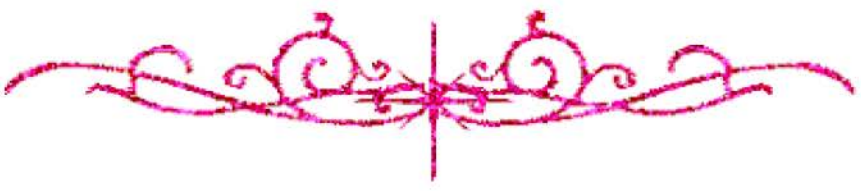

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بالرسالة صفحات لم ترد بالأصل

Elective Neck Dissection In The management Of patients With Cancer Larynx without Clinically Enlarged Cervical Lymph Nodes

A thesis submitted for partial fulfillment of MD degree in Otorhinolaryngology By:

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Introduction and aims of the work

The proper treatment of clinically negative neck (N0) remains controversial. Treatment strategies range from watchful waiting to prophylactic irradiation or surgery. The percent of patients with (N0) disease who will go to die as a result of neck disease is still unknown, however, it will vary with the stage of the primary tumor when first diagnosed, the biologic aggressiveness of the particular cancer under consideration, and host immune responses to tumor **(Mark et al, 1994).**

Elective neck dissection in patients with cancer larynx is still controversial issue, Some notions oppose elective neck dissection as it does not improve the survival of the patients with laryngeal cancer compared with therapeutic neck dissection when the occult metastatic disease become clinically evident **(Gallo et al, 1996).** Also **Vendenbrouck et al, in 1980,** found no advantage in elective neck dissection versus delayed therapeutic neck dissection.

In a prospective non-randomized study of (N0) supraglottic carcinoma that was designed to find out an appropriate method for (N0) management. In this study an upper neck dissection was performed (level II) and the all nodes were sent for frozen section and if the result was positive for occult disease, modified neck dissection were done and if negative result obtained observation and follow up system was instituted, the results yields 142 patients have negative specimens pathologically and the 5-year survival rate for this group was 80.8% while only 10.6% had neck recurrence concluding that no need for comprehensive neck dissection and the selective neck dissection to level II my give the same figures in survival as radical surgery **(Tu Gy, 1999).**

However other studies carried on cancer larynx with T3/T4 with negative neck (N0) showed that the elective bilateral neck dissection performed in (T3/T4) (N0) patients yielded a 30% incidence of occult neck metastasis **(Kelegrman et al, 1995).** Many authors have found that delayed therapeutic neck dissection is associated with poor salvage rate and poorer survival rate than elective neck therapy. **Ogura et al, in 1971,** has also concluded that the elective neck dissection treatment is valuable.

In a study carried on (74) patients with cancer larynx and negative cervical nodes aiming to determine if surgery with elective neck dissection is more effective than surgery without elective neck dissection, they found that 11% of cases develop recurrence in the neck in the group done primary surgery without neck dissection while only 5% develop cervical recurrence in the group undergo elective neck dissection. They conclude that laryngeal surgery with elective neck dissection was more effective modality of treatment of cancer larynx and negative cervical lymph nodes **(Martin et al, 2000).**

Perhaps most important, expectant treatment of the neck does not allow adding information to the knowledge of what is going in the neck actually, because pathologic examination is the only definitive way to determine the actual involvement of the cervical lymph nodes by cancer. Even pathological specimen fails to detect metastases in up to 7% of the cases as demonstrated by the recurrence rate in dissected neck that are pathologically free of disease but that develop recurrent disease in the absence of local recurrence **(Weissler et al, 1989; Desanto et al, 1982).**

The aims of this study are:

1-To describe the prevalence of occult metastasis in the clinically negative cervical lymph nodes (N0) in patients with cancer larynx

2- To demonstrate the correlation between pathological parameters of the tumor (size, stage, invasion of the cartilage, muscles, nerves and blood vessels) and the presence of occult metastasis

3- To describe the role of elective neck dissection as a prophylactic measure.