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The rate of submandibular gland involvement in patients who underwent neck dissections for oral cavity squamous cell carcinoma at Chris Hani Baragwanath Academic Hospital.

Abstract

Background Head and neck cancer (HNC) in Africa is increasing in incidence. The most frequent site of HNC is the oral cavity, with the most common histological type being squamous cell carcinoma (SCC). The submandibular gland may be involved by either direct spread (of a primary ipsilateral oral cavity tumour or locally involved lymph node) or from distant primaries outside the head and neck.

Objectives To determine the rate of involvement of the submandibular gland in neck dissections for oral cavity squamous cell carcinoma at Chris Hani Baragwanath Academic Hospital.

Methods A retrospective audit of the Chris Hani Baragwanath Academic Hospital Department of Otorhinolaryngology theatre register for patients who underwent primary tumour resection and neck dissection for OSCC, between November 2012 and December 2018. Tumour location, clinical and pathological T and N stages were investigated for their relevance to submandibular gland involvement.

Results 24 patients were identified, 58.3% male (n=14) and 41.7% female (n=10). The mean age was 57.9 years old. The submandibular gland was involved in one patient (rate=4.2%) and the method of involvement was by means of intraglandular metastasis. Nodal staging, tumour location and the presence of level 1b nodes did not increase risk for submandibular gland involvement. However an advanced T stage was a proven risk factor.

Conclusion There is a low rate of submandibular gland (4.2%) involvement in neck dissections for OSCC at Chris Hani Baragwanath Academic Hospital. Oncologically, the sparing of the submandibular gland is safe and sound provided the gland is not suspicious for involvement either radiologically, clinically or at the time of surgery.