Surgery of Parotid Gland Tumours in Lagos: A 12 Year Review

O A Somefun [1], J O Oyeneyin, F B Abdulkarrem, O B da Lilly-Tariah, L T Nimkur, O O Esan

Abstract

Background/aim: Tumours of the parotid gland are not common. Parotid tumours can pose a challenge both in diagnosis and treatment. Various factors contribute to the management difficulties of parotid tumours for the Head neck surgeon. The aim of the study is to determine the presentation and management of parotid tumours requiring surgery at the Burns and Plastic and Otolaryngology (ORL) units of the hospital.

Materials and methods: This is a retrospective study carried out at the Lagos University Teaching Hospital from January 1994- December 2005. The medical case notes were reviewed for information on age, sex, clinical presentation, surgical management, histological diagnosis and outcome.

Results: A total of 58 patients with parotid tumours were seen with ages ranging from 25-65 years. Male to Female ratio was 1.4:1. Forty-two (72.4%) presented with firm preauricular swelling, 1.7% as dumb bell tumour and post surgical recurrence tumour respectively, 6.8% as tail of parotid tumour and 3.5% as bilateral disease. 93.13% had superficial parotidectomy. Histological diagnosis confirmed 65.5% as pleomorphic adenoma, 20.72% as carcinomas of which adenoidcystic and mucoepidermoid tumours were the commonest,3.45% as lymphoma and 1.7% as Sjogrens syndrome, oxyphil and Warthins tumour respectively. Immediate post surgical facial nerve palsy was seen in 69% and recovery was seen in 62% within 3-9months. Post surgical radiotherapy was given to 8.6%.

Conclusion: The commonest parotid salivary gland tumour requiring surgery is pleomorphic adenoma, presenting as a pre-auricular mass and the commonest post-surgical complication was facial nerve palsy involving the mandibular branch. A good knowledge of the surgical anatomy of the gland, clinical behaviour and biologic nature of the tumours will ensure better surgical management.