

## **OROPHARYNGEAL CARCINOMA ARISING FROM MINOR SALIVARY GLAND: ANALYSIS OF DIAGNOSTIC AND TREATMENT MODALITIES**

**Popovski V**

**University Clinic for Maxillofacial Surgery, University “St. Cyril and Methodius”,  
Skopje, North Macedonia**

**Aims:** Minor salivary gland carcinoma occurs infrequently but may pose a diagnostic and therapeutic dilemma for the head and neck surgeon. The purpose of this study was to contribute for determining treatment protocol and predictors of survival in this kind of malignancy.

**Study Design:** The clinical course of 39 consecutive patients with minor salivary gland carcinomas surgically treated on our clinic in five-year period was evaluated for the study. Comparison was created with relevant information concerning patient, disease, diagnostics and treatment distinctiveness. The efficiency of surgical resections and postoperative radiotherapy, were compared with recurrence, histology, grade, stage and local and distant metastases, as a prognostic factors. Rank regression procedure was conducted for analysis of survival.

**Results:** Prevailing of mucoepidermoid (38,4%) and adenoid cystic (35.9%) carcinoma was revealed with palate as a commonest site. Lymph node metastases were confirmed in 18% while in 23% neck dissections were concomitant. 16 patients underwent planned postoperative radiation therapy. Multivariate analysis on the lesions showed that histology grade ( $P < 0.01$ ), tumor size ( $P < 0.01$ ), bone extension ( $P = 0.014$ ), margin status and stage were associated with decreased survival. The recurrence rate at the primary site was significantly higher for adenoid cystic carcinoma than for other histology's ( $P < 0.005$ ). The average cumulative survival rate in follow up was 84%. Immunohistology was effective in distinguishing type and grade amongst adenocarcinoma, mucoepidermoid carcinoma and adenoid cystic carcinoma.

**Conclusion:** Exact preoperative assessment, staging and radical primary surgery irrespective of site and histological type are crucial to achieve best survival and loco-regional control for minor salivary gland carcinoma.

Salivary gland tumor, computed tomography, immunohistochemistry, radiotherapy, regional control, survival.