

## Selective neck dissection necessary or not in patient with lower lip carcinoma T1 and T2

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**Introduction:** Squamous cell carcinoma of lower lip is one of the most frequent malignant pathologies in maxillofacial region. Lip cancer is the second most frequent, after skin cancer. During the period of fifteen years in our department we have treated 789 patients with SCC of lower lip. Majority were males (89%). The patients with T1 and T2 had better prognosis. The role of selective neck dissection is still discussed as a surgical procedure in T1 and T2, specially in cases with no evidence of positive neck lymph nodes. The aim of our research is to find the better method for detecting metastases in the neck in patients with squamous cell carcinoma of the lower lip and to choose the better treatment for those patients. **Material and methods:** 31 patients with Squamous cell carcinoma of lower lip T1, T2, Nc0 admitted in the Department of Maxillofacial Surgery in Pristina, from December 2010 till March-2012 have been analyzed for detection of possible metastasis in the neck. Lymphoscintigraphy has been made the day of surgery with Tc99m-Sncolloid dissolved in 0.3 ml of saline solution applied at 4 peritumoral sites. After detection the sentinel lymph node was extirpated and biopsy has been done. **Results:** Of all patients 9,2% were females and 90,7% were males. Average age of patients was 61. 71% of patients were T1 and 29% T2. Sentinel nodes were detected with Lymphoscintigraphy (LSG) in 21 patients (67,7%), positive LSG in T2 patients was 88% vs. 22% in T1. In 21 patient (67,7%) with positive lymphoscintigraphy Sentinel node biopsy resulted positive in 47,6%. Metastasis were found in 32% of total number of patients. **Discussion:** In our study lymphoscintigraphy combined with immediate biopsy of sentinel node shows very good results in the treatment of neck in patients with Lower lip carcinoma T1-2, Nc0. In T2 patients role of lymphoscintigraphy and selective neck dissection should be discussed.