

PAROTID TUMORECTOMY WITH RECURRENT FAILURE, AND TOTAL PAROTIDECTOMY AS A RESCUE SURGERY

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INTRODUCTION: The pleomorphic adenoma is one of the most frequent benign tumors of the salivary glands. It is most commonly found in parotid gland¹ in 70%-80%.² Pleomorphic adenoma has incomplete capsule, multicentric origin, small outgrowths extending to the adjacent tissue, this histological features are related with clinical behavior and recurrence overtime.³ Pleomorphic adenoma treatment has evolved over the years, Codreanu (1892) performed the first total parotidectomy with facial nerve preservation,⁴ Senn⁵ (1895) was the first describing parotid tumor Enucleation as a surgical technique of choice.

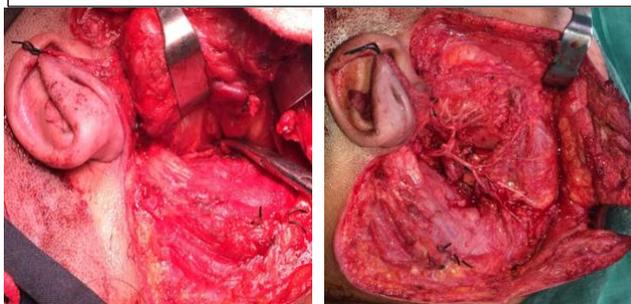
The treatment of pleomorphic adenoma remained substantially unsuccessful until 1940, owing to a high recurrence rate 20%-45% and facial nerve paralysis caused by enucleation.² Janes⁶ (1940), Bailey⁷ (1941) proposed identification of main trunk facial nerve as a first step, then dissection of the nerve with removal of the superficial and/or deep lobe of the parotid. At the 1952, Hayes Martin⁸ concluded superficial parotidectomy with identification and preservation facial nerve is the best way to avoid damage. In general, conventional superficial parotidectomy is considered worldwide to be reference standard for benign tumors localized in the superficial lobe⁹ with this approach recurrence rate diminished to zero in some papers². Appropriate approach is important because there is evidence of malignant transformation¹⁰. After recurrence there is an increased not only risk of new recurrence but also a risk of malignant transformation that was recently reported as 3.3%. Therefore, pleomorphic adenomas are no longer enucleated in contemporary surgical practice, and partial or total parotidectomy, or extracapsular dissection, are the operations of choice at initial presentation¹¹.

OBJECTIVE: To show patient that underwent parotid enucleation twice by other surgery specialty and how total parotidectomy was its definitely surgical treatment

MATERIAL AND METHODS: In 2008 a woman 24 years old in good health comes at the hospital because, she had parotid mass with slow enlargement in right side, no pain, no palsy. She was assessed by other surgery specialty and underwent parotid gland tumor enucleation under general anesthesia and pleomorphic adenoma was diagnosed. 2009 patient noted nodular painless mass at the same place but it wasn't until 2013 that she was operated (tumor enucleation under general anesthesia), and recurrence appears in 2014, she was left in observation. In 2017 she was assessed again with Ultrasonogram and tumor size 4.6 x 2.2 cm was located, fine Needle aspiration was used and confirmed pleomorphic adenoma recurrence. In 2018 patient was assessed by Oral maxillofacial Surgery and multinodular mass painless was observed, it wasn't fixed neither deep tissue nor skin, normal color skin with hypertrophy scar and neither palsy nor twitching was observed. It scheduled and performed Blair Modified SMAS flap approach and total parotidectomy with facial nerve preservation, under general anesthesia as a salvage surgery was carried out in 2018. Aspiration drainage was set up.



1. Preoperative images with USG and Blair

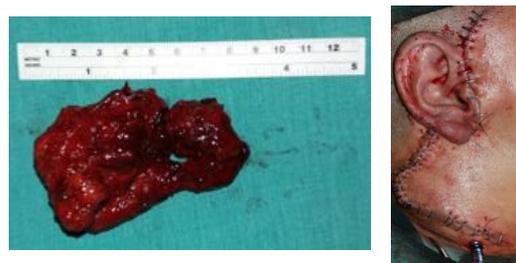


2. Transoperative images and facial nerve dissected

RESULTS: Procedure was performed without complications, its removed all parotid tissue along with tumoral mass spillage, preserving facial nerve. During first week and next months assessment was carried out, neither palsy nor twitching was observed only numbness preauricular area, infection, dehiscence wasn't observed. Currently patient has three years of follow up and no palsy, no recurrence and no Frey's syndrome was observed.

CONCLUSIONS: Parotid tumorectomy, actually it's still performed in El Salvador despite since 50s years, superficial parotidectomy with facial nerve preserving was established as a gold standard for treatment parotid neoplasms. This case shows parotid tumorectomy failure because recurrence appeared twice and total parotidectomy with facial nerve preserving as a definitely treatment offered favorable outcomes as no palsy, no recurrence until today 2021.

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4. Neoplasm and parotid gland along with surgical staples placement



3. Three years follow up, good outcomes



5. Pleomorphic adenoma recurrence

6. Fibrosis skin, no evidence tumor

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