

Surgical Treatment of Head and Neck Regions' Locally Spread Skin Carcinoma

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Abstract

Has been stated, that increase in frequency of skin carcinoma of head and neck regions is accompanied by the marked increase in number of patients suffering from spread form of disease. Supporting conditions are the low level of daily conditions; absence of oncological vigilance, delayed applies of patients for treatment to specialized institutions etc. Up-dating of methodological aspects of combined and combined-extended operations, studying of technique and tactic issues of plastic reconstructive operations used in case of various localization skin carcinoma of head and neck, analysis of post-operational local and general complications with estimation of immediate and delayed results of treatment and detection of clinical-morphological signs affecting prognosis and outcome of disease, would significantly improve results of treatment.

Keywords: *skin carcinoma, head, neck, plastic-reconstructive operations, combined operations, survival*

Carcinoma of the skin heads the least in the oncological disease structures in most countries of the world and in Georgia as well.

Prolonged exposure to ultraviolet radiation, disruption of ozone layer, persistent increase in radiation background, the low level of daily life conditions, delayed and unprofessional treatment support formation of common forms of head and neck regions' skin carcinoma, which amounts for about 25%-29% of oncological diseases.

Under the term "locally spread skin carcinoma" is meant pathological process, that overcomes and destroys integrity of the skin integument, implants in vitally important organs such as brain, orbit, nose, ear, mouth cavity, upper and lower jaws, maxillary sinus, large blood vessels which in turn make difficulties to achieve desirable functional or cosmetic effects.

The aim of present work was to study efficacy of various surgical interventions and carried out plastic-reconstructive methods in case of skin carcinoma of the head and neck regions on the basis of immediate and delayed results analysis.

With this purpose, immediate and delayed results of 221 patients (in 1988 - 2000 years) have been studied. Females were 95 (42,98%) and males 126 (57,02%). Patients under 40 years were 29 (13,12%), 73 (33,03%) patients were in the group with age from 41 to 59 years, and 104 (47,05%) patients were over 60 years.

The disease stage III, T3N0M0 was diagnosed in 101(45,7%) cases, and the IV stage, T1-4N1M0 in 16 (7,24%) cases.

High-differentiated squamous cell carcinoma was revealed in 156 (70,58%) of cases, mildly differentiated - in 57 (25,79%) cases and low differentiated - in 8 (3,61%) cases.

Tumor localization in zone I was detected in 82 (37,10%) patients. In zone II, tumor localization revealed 136 (61,53%) patients and in zone III - 3 (1,35%) patients.

Endophytic growth of tumor was detected in 165 (74,66%) cases and mixed growth - in 56 (25,53%) cases.

Presence of 3 years old tumor was stated in 129 (58,37%) patients, tumors with duration from 3 to 6 years - in 62 (28,05%) patients and tumors aged 6 to 10 years - in 30 (13,57%) patients.

Tumors with size of 3 to 5 cm varied in 109 (49,52%) patients, from 5 to 7 cm - in 65 (29,41%) and from 7 to 10 cm - in 47 (21,26%) patients.

Spreading of tumor process in one anatomical formation was revealed in 38 (17,19%) patients, two anatomical formations were affected in 67 (30,31%) patients and three anatomical formations were involved in 116 (52,48%) patients.

Tumor implantation was detected in following organs and with following frequency:

1. Tumor implantation in cranial bone - 48 (21,17%) patients.
2. Tumor implantation in parotid glands - 52 (23,52%) patients.
3. Tumor implantation in maxillary sinus, nasal cavity and upper jaw - 95 (43%) patients.
4. Tumor implantation in mucous layer of mouth cavity and lower jaw - 6 (2,71%) patients.
5. Tumor implantation in orbit and naso-lacrimal duct - 7 (3,16%) patients.
6. Tumor implantation in floor of the auricle and external ear canal - 13 (5,88%) patients.

Total of 52 (23,52%) patients revealed regional metastasis before treatment. Among them lymph node metastasis of neck region was observed in 16 (7,23%) cases, parotid and salivary gland metastasis - in 22 (9,95%) cases, and sub-maxillary region metastasis - in 4 (1,80%) cases.

Patients were divided into three major groups, according to carried out treatment.

Total of 21 (9,50%) patients were subjected only to surgical treatment. 96 (43,43%) patients underwent combined treatment, and 104 (47,05%) patients due to recurring tumor were subjected to surgical treatment.

Surgical treatment involved combined-extended and combined operations. Combined operations were performed in 169 (76,47%) cases. During these operations, along with primary tumor extirpation, the partial or total extirpation of nearby organs was performed as well.

Among them, extirpation of primary tumor and cranial bone resection were used in 48 (28,40%) cases. 92 (54,48%) patients underwent electro resection of nose and upper jaw. The tumor extirpation with subtotal resection of parotid gland was performed in 14 (8,28%) cases. Parotidectomy was applied in 2 (1,18%) cases. Electro-resection was used in 6 (3,55%) cases and 7 (4,14%) patients were underwent exenteration with orbitotomy.

Combined-extended operations were used in 52 (23,98%) cases. During these operations along with wide extirpation of tumor formation, the fascial-case extirpation of connective tissue of regional lymph nodes was performed as well.

Total of 30 (13,57%) patients were subjected to mentioned operation. In addition to this, in 22 (9,45%) cases subtotal resection of parotid gland [with facial nerve sparing -17 (7,69%) patients and without it - 5 (2,26%) patients] were used.

The wide extirpation of tumor in case of locally spread skin carcinoma is only the first stage of surgical treatment. As a rule, it is followed by the one-stage or double-stage plastic-reconstructive operation in order to restore the defect. One-stage plastic was performed in 197 (89,14%) cases and double-stage plastic - in 24 (10,85%) cases.

The plastic material and method for plastic-reconstructive operations were stated according to age and conditions of patients, accompanied disease, previously performed treatment, tumor initial localization, organs involved in the process, type of operation and size and localization of developed defects.

For the one-stage reconstructive operations of defects the following types of plastic were used: combined plastic - 91 (41,17%) cases; rotatory graft (skin-fatty and musculo-cutaneous grafts) - 81 (36,3%) cases; restoration of defect by free musculo-cutaneous grafting, with the use of micro-surgical technique - 25 (11,31%) cases and double-stage plastic, using the Filatov's pedicle graft - 24 (10,85%) cases.

After plastic the healing by first intention revealed in 147 (66,51%) cases, marginal necrosis - in 56 (25,33%) cases, total necrosis in 18 (8,14%) cases.

Evaluation of cosmetic and functional results of carried out plastic-reconstructive operations allowed us to state that in case of fronto-temporal defects of hairy region of the head, very optimal to use the combined plastic (combination of free plastic and rotatory graft) operation.

In the middle one-third of the face, during locally spread skin carcinoma, along with extensive operation, the

micro-surgical technique with the use of radial-dubbed graft is necessary.

The above-mentioned method allows us to restore not only the skin, but defects of lower eyelid, and mucous layer of the cheek as well.

During the locally spread skin carcinoma, for restoration of defects in lower one-third of the face, the use of rotatory muscular graft formed on neck, anterior surface of the chest or thoraco-dorsal region is advisable.

It is remarkable that taking the plastic material, integrity of the regional barrier for metastasis remained intact in all cases.

After surgical treatment recurrence, recurrence and metastasis, and only metastasis were detected in 91

patients. Of the 91 patients studied, 63 had recurrence, recurrence and metastasis - 12, and only metastasis - 16 patients.

The five-year barrier of life could overcome 76,19% of patients in case of pure surgical treatment, 76,04% of patients in case of combined treatment, and 58,6% of patients in case of recurrent tumor surgical treatment. Survivors after combined operations were about 79,28% and after combined-extended operations - 34,61%.

Obtained results clearly indicate necessity of elaboration of ways for additional methods of treatment.

After carried out surgical treatment 67,87% of patients were alive, emphasizing and confirming the fact that only method for treatment is the surgical method with the use of one-stage plastic reconstructive operations, that prolong and "improve quality of the life".

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Хирургическое лечение локально-распространенного рака кожи в регионе головы и шеи

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Р Е З Ю М Е

Рост частоты рака кожи головы и шеи сопровождается значительным увеличением удельного веса тех пациентов, у которых выявляются распространенные формы заболевания. Этому способствует низкий уровень бытовых условий, отсутствие онкологической настороженности, позднее обращение больных в специализированных учреждения и др. Усовершенствование методологических аспектов комбинированных и комбинированно-расширенных операций, изучение вопросов техники и тактики пластических реконструктивных операций применяемых при различных локализациях рака кожи головы и шеи, анализ послеоперационных местных и общих осложнений, с оценкой ближайших и отдаленных результатов лечения и выявление клинико-морфологических признаков, влияющих на прогноз исхода заболевания, значительно улучшит результаты лечения.

Ключевые слова: *рак кожи, голова, шея, пластико-реконструктивные операции, комбинированные операции, выживаемость*