

Figure 8.9d. Following partial parotidectomy the two arrows point to the dissected cervico-mandibular branch of the facial nerve, the parotid tail tumor having been resected inferior to this nerve branch. The upper branches of the facial nerve have not been dissected in this case.

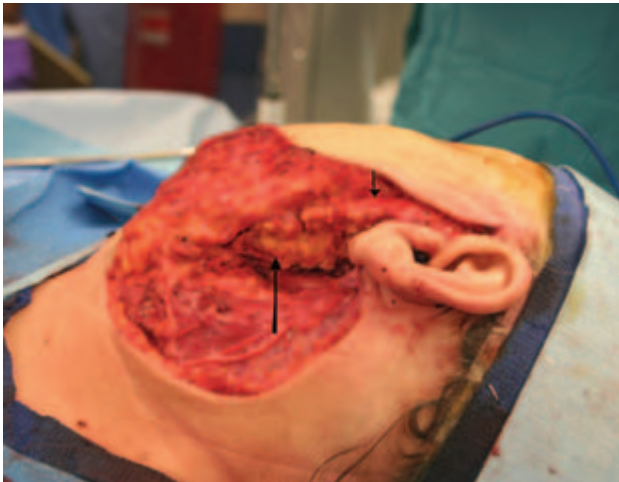


Figure 8.9e. The long arrow points to the resected parotid tail region, while the shorter arrow points to the remaining superficial parotid lobe preserved intact.

to lead to increased recurrence. Harney, Murphy, and Hone et al. (2003) found that the capsules of deep lobe tumors were significantly thicker and that there was less extracapsular extension of tumor in the deep lobe tumors (58% vs. 79%), which may explain this phenomenon.

If the capsule of the tumor is ruptured during surgery, then recurrence is not inevitable and perhaps liberal irrigation with sterile water followed by normal saline may be tumoricidal (Webb and Eveson 2001). When recurrence occurs it is frequently multinodular (Figure 8.10) and requires

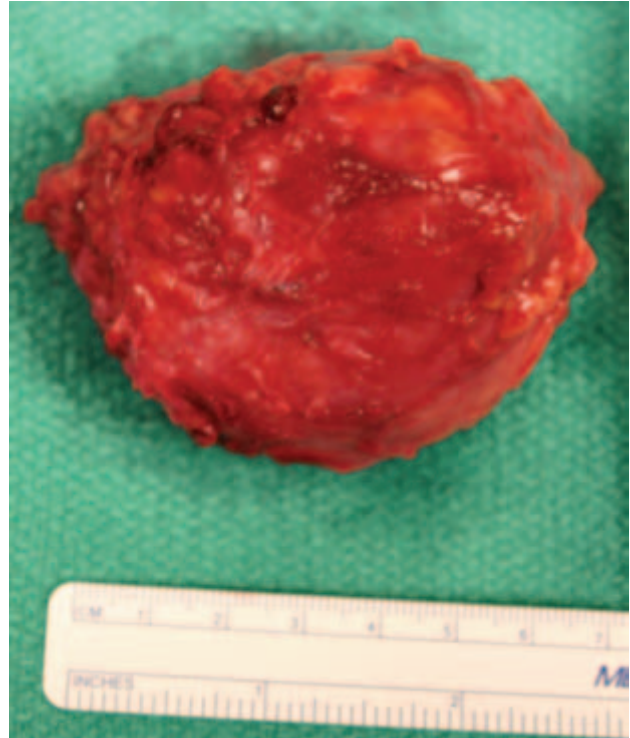


Figure 8.9f. Surgical specimen.

more radical en bloc surgery with excision of the previous scar, muscle, overlying skin, and facial nerve if they are involved. Maxwell, Hall, and Freeman (2004) in a retrospective study of 35 patients treated with surgery alone found a locoregional control of 77% with a malignant transformation of 5.7%. In a separate study of 42 cases of multinodular recurrence (6 with prior radiation), there were 2 patients with malignant transformation who died of distant metastases. Twelve patients had subtotal parotidectomy, 25 total parotidectomy, 5 subtotal petrosectomy; 14 had facial nerve resection. Seven patients of 36 who were followed developed further recurrences (19.4%), all of whom had only undergone subtotal parotidectomy (Leonetti et al. 2005). In a further series of 33 patients, 73% multifocal, 9% with malignant transformation, treated surgically, 6 (18%) recurred at an average of 9 years, and 23% of patients with initial enucleation and 14% with initial superficial parotidectomy had permanent partial facial nerve injury (Zbaren Tschumi et al. 2006). Renehan, Gleave, and McGurk (1996) reviewed 144 cases of recurrent PAs and suggested a role for radiation in multinodular cases. A recent paper of 34 cases of