

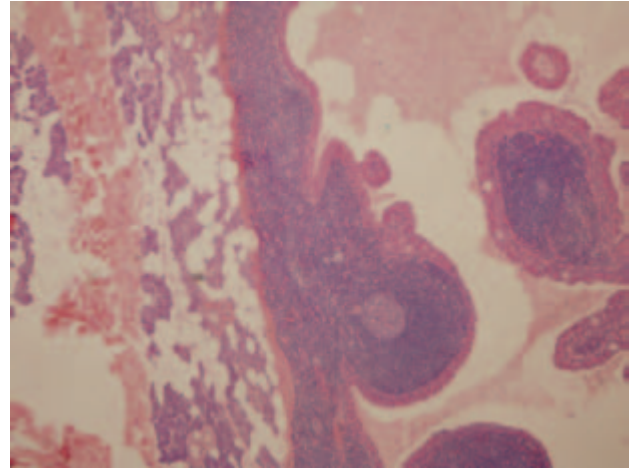


**Figure 8.1b.** CT scan confirms the mass is in the parotid tail.

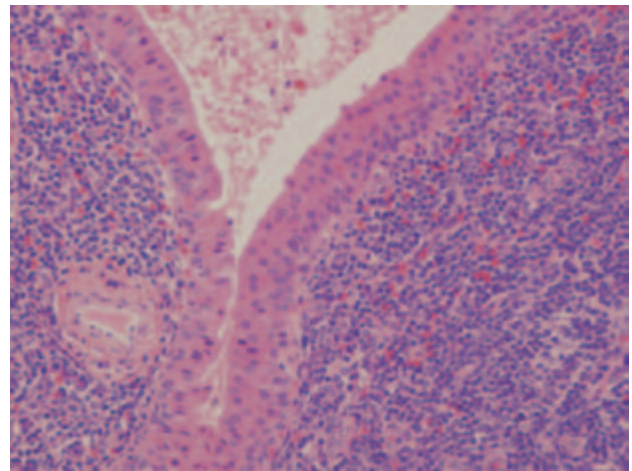


**Figure 8.1c.** Surgical specimen following partial parotidectomy of parotid tail with tumor.

dorsal point visible of C1 or C2 vertebra to the retromandibular vein (RMV) (de Ru, Van Benthams, and Hordijk 2002). Magnetic resonance imaging may be helpful in distinguishing benign PAs from malignant tumors, by post-contrast enhancement, a higher T2 signal, and lack of invasion (Figure 8.2). However, Fee and Tran (2003) suggest that neither MR nor ultrasound is accurate enough to



d



e

**Figures 8.1d and 8.1e.** Low- and high-power microscopic views of specimen, which was a Warthin's tumor.

be routinely used in the workup of parotid masses and that careful history and examination are sufficient for most cases. This conclusion was echoed by de Ru, Maartens, and Van Benthams et al. (2007), who concluded that MRI and palpation are almost equally accurate for assessing tumor location and both are superior to ultrasound. They recommend the use of FNAB as an accurate method of assessing whether a tumor is malignant, and MR only for tumors in the deep lobe or malignant tumors. PET scan and fused PET/CT have so far not been shown to reliably differentiate between benign and malignant parotid tumors (Rubello, Nanni, and Castellucci et al. 2005).

FNAB may be utilized to give a preoperative cytologic diagnosis. Open biopsy is contraindicated, as it will cause spillage and seeding of