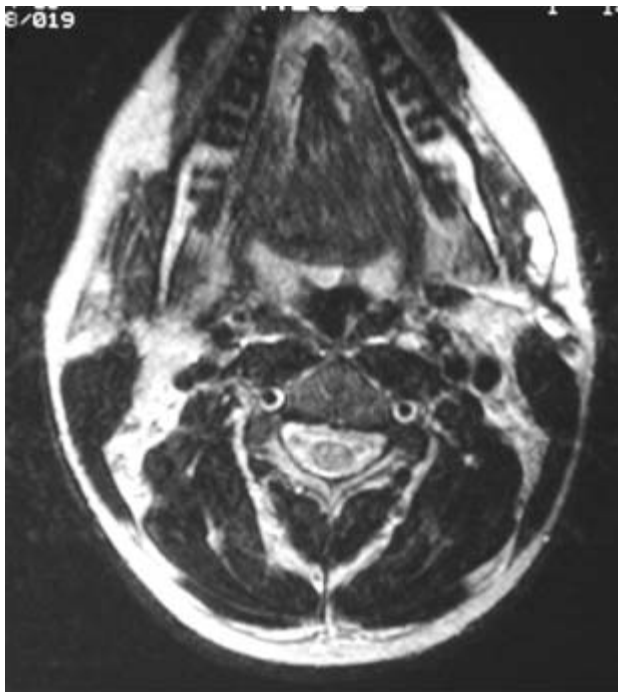


**Figure 8.10a.** Two large nodules of recurrent pleomorphic adenoma exist in the left parotid gland.



**Figure 8.10b.** Two smaller nodules are seen in the parotid tail.

recurrent PAs with radiation therapy post-gross resection shows a 20-year actuarial control rate of 94% (Chen et al. 2006)

### Warthin's Tumor

This is the second commonest benign tumor of the parotid. If it is diagnosed when small and asymptomatic it may not require treatment in an old or infirmed patient. There is a 12% incidence of multiple ipsilateral or bilateral tumors. There appears to be a link to heavy smoking and bilateral Warthin's tumors (Klussman, Wittekindt, and Preuss et al. 2006). Eight percent of these tumors occur in extra-parotid cervical lymph nodes and may be found at the time of parotidectomy or serendipitously in neck dissection specimens. Treatment is as for PA. Warthin's tumors have a tendency to occur in the parotid tail, where the majority of parotid lymph nodes occur, so partial parotidectomy is often all that is required.

## MALIGNANT TUMORS

### Principles of Management of Parotid Carcinoma

There is no universally agreed method for managing parotid cancer; however, prognosis and management are related to two variables: the histologic classification/grade of the tumor and the staging. In reviewing 2,465 patients with carcinoma of parotid and submandibular glands, Wahlberg, Anderson, and Bjorklund et al. (2002) found 10-year survival of 88% for acinic cell carcinoma, 80% for mucoepidermoid carcinoma (MEC), and 74% for adenoid cystic carcinoma (ACC), but only 55% for adenocarcinoma unspecified and 44% for undifferentiated carcinoma. It should be noted that 5-year survival figures for ACC will give an artificially high value, as late local recurrence and distant metastasis continue over a 20+ year period (Chen, Garcia, Bucci et al. 2006; Lima, Tavares, Dias et al. 2005; Longuet, Nallet, Guedon et al. 2001). Harbo, Bungaard, and Pederson et al. (2002) also found acinic cell carcinoma to have the best 10-year survival, but in their Cox hazard regression analysis found T stage, N stage, M stage, and histologic differentiation to be significant in predicting prognosis and recommended the use of both staging and histologic diagnosis to assess prognosis. In other series significant factors include extraglandular extension, aggressive histology,