

- Although superficial parotidectomy remains the basic surgical procedure, there is currently much debate regarding the roles of partial parotidectomy and extracapsular dissection in the management of PA. The role of the capsule and the acceptable margin for PA remain undefined.
- Recurrent PAs will frequently require en bloc resection due to their infiltrative and multinodular nature. Cure in this situation is probably achieved in approximately two-thirds of cases.
- Management of malignant parotid tumors will depend on both the histologic diagnosis and the staging of the tumor.
- Radiation therapy may be more helpful in earlier stage disease and lower-grade tumors than previously advocated.
- Selective neck dissection for the N0 neck may be justified in early stage disease given the high reported rate of occult nodes.
- The facial nerve should be preserved in parotid cancer unless it is directly infiltrated by the tumor.

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