A Retrospective 15 year Review of a Single Centre Head and Neck Unit's Experience of Maxillectomy Surgery for Cancer

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Introduction

Oral or sinonasal cancer is a potential life changing diagnosis. Management of this condition may lead to facial disfigurement, while the associated loss of oral function can lead to nutritional deficiencies and difficulties when communicating with others leading to social isolation. Maxillary oral cancer is of particular concern due to the relatively benign symptoms leading to late presentation requiring extensive surgery

Aim

To perform a 15 year retrospective review of all patients that underwent maxillectomies at Luton and Dunstable Hospital. We aimed to review patient demographics, presentation and duration of symptoms, surgery/reconstruction, complications and follow up outcomes.

Method

Data was collected of all patients who underwent maxillectomies performed by the ENT and Oral and maxillofacial teams from years 2002 to 2017 inclusively. Patients notes were compiled from paper and electronic records by a multidisciplinary team of ENT, OMFS and Oncology. Data was collected and collated on Excel spreadsheets designed in accordance to other similar retrospective audits to allow direct comparison.

Results

70 maxillectomies were performed in the time period. 57 patients had notes available to review, although not all notes were complete.

Staging and Histology

43 (75%) patients had Stage 4 cancer on presentation, the next most common was stage 1 cancer with 3 patients. Neck nodes were positive in 12 patients.

Squamous cell carcinoma was the most common histological diagnosis, 40 patients. Followed by adenoid cystic, 6, and adenocarcinoma, 3.

Operative Details

33 partial maxillectomies and 24 total maxillectomies were performed. 28 patients had neck dissections, 9 orbital extension of their surgery, 5 skin resections and 3 had concurrent rhinectomy. Complications included 4 flap failures, 3 infections and 4 patients need to return to theatre.

Reconstruction was managed by obturators in 31 patients. 9 patients had radial forearm free flaps, 7 underwent fibular free flaps and other flaps included lat dorsi, rectus abdominus free flaps and temporalis flaps

Outcomes

30 patients had concurrent radiotherapy and 5 chemoradiation. 10 cases had local recurrence and 5 distant metastases. At time of the review 16 patients (28%) were deceased and 41 patients in follow up.

Discussion

These cancers are rare and as expected our patient group saw a male predominance and age of presentation between the 5th and 6th decade¹. The majority were Stage 4 at presentation. SCC was the most common histological diagnosis.

Our survival rates for SCC is 67.5% (27 patients out of 40). However, our 5 year survival is 38.5% (5 patients out of 13) which is in keeping with the published five years overall survival for SCC 30–55%^{1, 2}. Our review has shown that we are providing a better reconstructive service to our patients over the latter five years of the study, but obturators are still a valid management option. 28 patients had neck dissections, 11 had positive neck nodes, 15 were N0 and two unknown. However, 18 T4N0 patients did not have a neck dissection. New evidence shows improved survival with elective neck dissections^{3,4}. Our team will continue to develop and keep up to date.

Poor data recording could be explained by the trusts recent conversion of paper to electronic notes and patients returning to their local centres for follow up.

Conclusion

From this review we have shown the development of our own head and neck service while performing maxillectomies. We highlight how important retrospective studies are in reviewing not only current practices but most importantly patient outcomes.

Demographics

In our series of 57 patients, 33 were male and 24 female. The most common presenting symptoms were swelling (19) and pain (13), followed by incidental finding at routine hospital or dental follow up (10). 14 patients were current smokers, 16 ex-smokers. 29 patients drank alcohol.

References

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