Republication de : Deciding whether to do elective neck dissection in patients with salivary gland tumors with no evidence of neck lymph node metastasis

Annales Francaises d'Oto-Rhino-Laryngologie et de Pathologie Cervico-Faciale • Short Survey • 2025 •
DOI: 10.1016/j.aforl.2025.05.003

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Abstract

Aim: The treatment of salivary gland cancers with clinically negative neck is controversial, with divergent guidelines about elective neck dissection (END). Even though these guidelines are widely used, they mostly rely on retrospective research that are subject to methodological flaws and selection bias. Methods: A critical narrative review. Problem description, identification of likely clinical scenarios, appraisal of previous recommendations, critical examination of available data, and presentation of clinical decision-making options comprised the article creation. Results: One of the most important factors is the rate of occult lymph node metastases, which ranges from 2-30% and varies greatly depending on the kind and grade of tumor. The use of risk classification according to preoperative findings, such as tumor size, grade, and clinical signs such involvement of the facial nerve, offers some guidance. Nevertheless, unanticipated cancers are frequently discovered by intraoperative and postoperative histological results, which makes decision-making even more difficult. Alternatives to END, including elective neck irradiation, have similar effectiveness in reducing regional recurrence in high-risk scenarios. Although END may enhance regional control, it carries risks of surgical complications, such as injury to nerves and functional impairment. No prospective randomized studies have definitively demonstrated the advantage of END regarding survival or recurrence. Conclusion: END may be appropriate in certain high-risk situations, but its regular use in cNo salivary gland cancers is still up for debate.

A personalized strategy that accounts for tumor-specific and patient-related variables, together with careful use of adjuvant treatments, is advised until substantial prospective data is available. © 2025 Elsevier Masson SAS

Author keywords

Consensus; Lymph node excision; Lymphatic metastasis; Neck dissection; Salivary gland neoplasms; Surgery

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