Method: HNSCC patients with cervical lymph node metastases who were treated with SND in a single institution from 2000 to 2010 were selected. Demographics, tumor characteristics, extent of neck dissection, prior and adjuvant treatments, locoregional control and survival were recorded. Recurrence in the neck and disease-specific survival (DSS) were primary and secondary endpoints.

Results: A total of 130 patients underwent SND. A total of 84 (65%) were male. Median age was 62 years (range, 20-89 years). Most common primary site was oral cavity (64%). Twenty-one patients (16%) had prior treatments, 107 (82.3%) received adjuvant treatment. Median follow-up was 21 months. Fifteen patients (11.5%) had recurrence in dissected neck. Five-year neck recurrence-free survival (NRFS) was 82.5%. N2C disease patients had shorter NRFS (5-year: 64%). At the end of study 75 (58%) patients had NED and 32 (25%) had died of disease. Five-year DSS was 70%. Number of positive nodes, positive surgical margins, and perineural invasion were predictors of shorter DSS.

Conclusion: Selective neck dissection in patients with cervical lymph node metastases from head and neck SCCs is effective in controlling the disease in the neck, when performed in the setting of multi-modality treatment including post operative radiotherapy.

Head and Neck Surgery

Sentinel Lymph Node Biopsy for Desmoplastic Melanoma: Not a Given

Robert W. Eppsteiner, MD (presenter); Brian Swick; Mohammed Milhem; Nitin A. Pagedar, MD

Objective: 1) Determine the frequency of positive sentinel lymph node biopsy (SLNB) and characteristics predictive of positivity in a population of patients with desmoplastic melanoma of the head and neck. 2) Assess the utility of SLNB by determining the survival benefit and negative predictive value (NPV) of SLNB.

Method: Using the Surveillance, Epidemiology, and End Results (SEER) database, 467 patients with cutaneous desmoplastic melanoma of the head and neck were identified between 2003 and 2007 (years with reliable SLNB data). Frequency of nodal positivity, survival, and NPV of SLNB were determined.

Results: A total of 467 cases of desmoplastic melanoma were identified, of which most were locally advanced (mean Breslow depth 3.5 mm, 96% Clark level 4 or deeper). Few had regional lymph node metastases (3.4%) or distant spread (3.2%). A total of 165 patients had SLNB of which 4.8% had positive regional lymph nodes (NPV 98.5%). Breslow depth, ulceration, age, and sex were not predictive of positive SLNB. Patients who had SLNB did not have different disease-specific survival from those who did not undergo SLNB.

Conclusion: Despite the high accuracy of SLNB, this procedure should be undertaken with caution in patients with cutaneous desmoplastic melanoma of the head and neck, given the low propensity for lymphatic spread (3.4%), possibility of complications, and questionable disease-specific survival benefit.

Head and Neck Surgery

Sialendoscopy in the Treatment of over 900 Sialoliths

Johannes Zenk, MD (presenter); Nils Klintworth; Alessandro Bozzato, MD; Heinrich Iro, MD; Michael Koch, MD

Objective: Minimally invasive techniques have an increasing relevance for the treatment of sialolithiasis of the parotid and submandibular glands. Sialendoscopy can be used as both a diagnostic and therapeutic tool.

Method: Retrospective data analysis for patients with a sialolithiasis of the parotid and submandibular glands who were treated between 2002 and 2008.

Results: A total of 206 patients were treated because of sialolithiasis of the parotid gland, 98 (48%) by interventional endoscopy alone, and 108 (52%) by combined procedures. Patients with submandibular disease (736) were treated endoscopically alone in 7.5% (55); 92.5% (681) received a combined treatment together with sialendoscopy. The follow-up showed that 93% of the patients treated with endoscopy alone were free of symptoms. In the combined group 90% and 79% of the patients with sialolithiasis of the submandibular glands and parotid glands respectively were free of symptoms.

Conclusion: Sialendoscopy is an important diagnostic and therapeutic tool in the management of sialolithiasis. It can be effectively used therapeutically as a single treatment option, and it improves the combined techniques. As a single treatment it plays a very important role in parotid gland stones.

Head and Neck Surgery

SLNB and Outcomes in Cutaneous Melanoma of the Head and Neck

Valerie Alison Smith (presenter); Eric J. Lentsch, MD; Joan E. Cunningham, PhD

Objective: Among patients with cutaneous melanoma of the head and neck (CMHN) and ≥1 positive sentinel lymph node (SLN): 1) Determine if completion regional lymphadenectomy (RL) is associated with improved survival.2) Determine if survival differs between patients with 1 and >1 positive SLN.

Method: Using the Surveillance Epidemiology and End Results (SEER) database, years 1998 to 2007, we identified 5,399 patients with primary CHNM who underwent excisional surgery and examination of ≥1 lymph node with follow-up >12 months. Clinicopathologic and outcomes data were examined using chi-square tests.

Results: In preliminary analysis, 495 patients had 1 positive node and 387 had >1 positive node. Disease-specific survival