

Multicenter experience in extracapsular dissection of benign parotid neoplasms — 1064 cases [Abstract]

**Konstantinos Karavidas, L. Zhang, Johannes Zenk, H. Iro, E.
Shehata, B. Hancock, A. Renehan, Mark McGurk**

Angaben zur Veröffentlichung / Publication details:

Karavidas, Konstantinos, L. Zhang, Johannes Zenk, H. Iro, E. Shehata, B. Hancock, A. Renehan, and Mark McGurk. 2009. "Multicenter experience in extracapsular dissection of benign parotid neoplasms — 1064 cases [Abstract]." *International Journal of Oral and Maxillofacial Surgery* 38 (5): 464-65.
<https://doi.org/10.1016/j.ijom.2009.03.243>.

O7.7
**Multicenter experience in
extracapsular dissection of
benign parotid neoplasms—1064
cases**

K. Karavidas*, L. Zhang, J. Zenk,
H. Iro, E. Shehata, B. Hancock,
A. Renhan, M. McGurk
*Department of Oral and Maxillofacial
Surgery, Guy's Hospital, KCL, London
Bridge, London, United Kingdom*

Background and Objectives: In the period between 1952 and 1992, 630 benign parotid tumours were treated at Christie Hospital by extracapsular dissection (ECD). In order to establish if this was an exportable technique, a further series of 434 benign tumours were treated at two centres by a variety of surgeons (1997–2008) and results compared.

Methods: Data concerning presentation, operating time, complications and follow up were collected, respectively for patients treated at Christie's (630), Guy's (n = 129) and Erlangen (n = 279) and Alexandria (n = 26). At Guy's more than 80% of benign tumours and in Erlangen more than 60% were allocated to ECD. Presurgical assessment by FNAC and ultrasound was standard practice.

Results: The recent cohort of 434 cases were treated in the last 12 years and were compared to the Christie data (630). The mean patient age was 48.5 vs 47 years respectively and follow up spanned between 0.2–12 years vs 1–35 years. Temporary facial nerve weakness was 5.94% vs 11% in the Christie's and permanent paralysis occurred to 1/434 vs 7/630 patients. Frey's syndrome was 0.73% vs 5% and there were no recurrences in present series while Christie's had 7/630.

Conclusions: A comparison of the historical and current data set regarding ECD show a similar pattern of morbidity. Recurrence data is not comparable due to difference in time of follow up, but at present there is no evidence of deviation from the Christie series. The data confirms that careful dissection in close proximity to benign parotid tumours need not lead to a high incidence of recurrence and that ECD can be taught to surgeons with an interest in parotid surgery.

doi:10.1016/j.ijom.2009.03.243