CONCLUSIONS: The use of chemoradiation to treat low-volume stage IV oropharyngeal cancer resulted in a trend toward more swallowing toxicity and PEG placement during therapy. However, there may be no difference in long-term feeding tube dependence and severe swallowing dysfunction.

OBJECTIVE: Isolated scarred stenosis or strictures of Stensen’s duct are not frequent diagnoses. Parotidectomy is often recommended. In this clinical study the presenters (1) evaluate the use of interventional sialoscopy in this disease, and (2) point out the indication for duct reconstruction and/or stent implantation.

METHODS: This was a prospective, nonrandomized experimental study in Yorkshire pigs. The posterior-lateral tongues of three animals were injected with a one-to-one solution of carbon dye to methylene blue dye. Three trocar sites per side were used to establish an endoscopic pocket that was maintained by carbon dioxide insufflation. A Harmonic scalpel was used to assist with lymph node dissection. Lymph nodes were identified and retrieved endoscopically, followed by an open dissection to recover any remaining nodes. All specimens were analyzed by a pathologist for staining, size, and structural integrity.

RESULTS: Six unilateral endoscopic sentinel node dissections were performed. No significant complications (i.e. bleeding or conversion to open surgery) occurred. During endo-

11:24 AM
Stenosis of Stensen’s Duct: Is Parotidectomy Necessary?
Johannes Zenk, MD (presenter); Michael Koch, MD; Alessandro Bozzato, MD; Heinrich Iro, MD
Erlangen Germany

OBJECTIVE: Isolated scarred stenosis or strictures of Stensen’s duct are not frequent diagnoses. Parotidectomy is often recommended. In this clinical study the presenters (1) evaluate the use of interventional sialoscopy in this disease, and (2) point out the indication for duct reconstruction and/or stent implantation.

METHODS: From 2002 to 2005, 39 patients (23 female and 16 male; age: 16-74 years) suffering from scarred stenoses of stensen’s duct were treated. Diagnosis was proven by clinical examination, ultrasound, and sialoscopy.

RESULTS: In six patients stenoses were due to iatrogenic manipulations. The youngest patient continuously chewed the mucosa in the region of the ostium causing a stenosis. Three patients suffered from duct stenosis years after a parotidectomy has been carried out. In 29 patients (74%) no reasons for the stenoses could be found. Treatment options included interventional sialoscopy (56%), and duct reconstruction and reinser-
tion(+/- stent implantation) (31%). Parotidectomy was car-
ried out in 2 patients.

Altogether in 95% of all patients the parotid gland could be preserved. Best results were obtained by interventional sialoscopy. Duct reconstruction led to fair results in nine of the 12 patients; three patients of this group had an acceptable result with a narrowed ostium causing symptoms occasionally.

CONCLUSIONS: In the case of scarred stenoses of Stensen’s duct, first choice of treatment is interventional endoscopy. Duct reconstruction and reinserter within the buccal mucosa (+/- stent implantation) is a possible treatment, if the stenosis can be approached transorally.

Parotidectomy is reserved for all other cases or recurrences.

11:32 AM
Sentinel Node Biopsy: An Endoscopic Approach in the Pig Neck
Kelly Michele Malloy, MD (presenter);
David M Cognetti, MD;
Bernadette M Wildemore, MD;
Debra Tereschuk, PA; Edmund A Pribitkin, MD;
David Rosen, MD
Philadelphia PA

OBJECTIVE: 1. Assess the feasibility of endoscopic sentinel node biopsy in an animal model. 2. Determine a reliable tracer dye for endoscopic sentinel node identification.

METHODS: This is a prospective, nonrandomized experimental study in Yorkshire pigs. The posterior-lateral tongues of three animals were injected with a one-to-one solution of carbon dye to methylene blue dye. Three trocar sites per side were used to establish an endoscopic pocket that was maintained by carbon dioxide insufflation. A Harmonic scalpel was used to assist with lymph node dissection. Lymph nodes were identified and retrieved endoscopically, followed by an open dissection to recover any remaining nodes. All specimens were analyzed by a pathologist for staining, size, and structural integrity.

RESULTS: Six unilateral endoscopic sentinel node dissec-
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