

Clinical-Medical Image

Complete Remission of Squamous Cell Carcinoma of Parotid Gland with Exclusive Radiotherapy

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Figure 1: Clinical presentation of unresectable parotid mass for our patient.

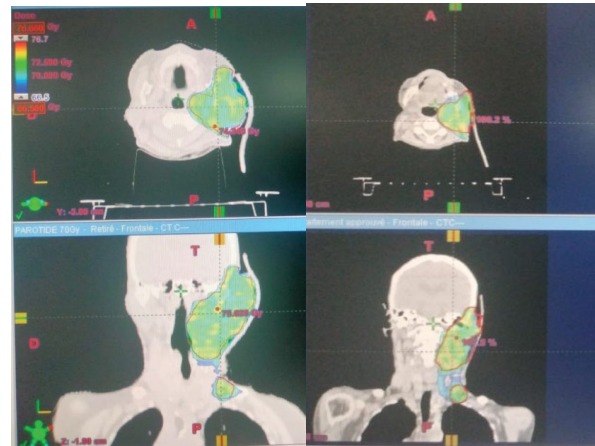


Figure 2: First Treatment planning and second treatment planning radiation therapy.



Figure 3: Image of complete clinically regression 3 month after exclusive radiation treatment.

Abstract

Salivary gland malignancies (SGMs) are rare neoplasms accounting for <1%-5% of all head and neck cancers. Although the primary recommendation for upfront SGM management is for surgical resection, there is a subset of patients for whom surgery is not feasible [1,2].

The aim of this article is to report a case of MEC in a 66-year-old female who presented with an unresectable parotid cancer based on the extent of disease, and to demonstrate that definitive radiotherapy is still beneficial for those patients who cannot be treated with surgery.

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Our patient is a 66-year-old female who presented with a left parotid mass that was increasing in size over a 1-year period. Upon examination, there was a 6 × 12 cm firm, painless, mobile mass, and facial nerve function was intact (Figures 1 and 2).

After biopsy, histological analyses revealed squamous cell carcinoma of parotid gland through para clinical investigations, the tumor was classified as T4N1 stage. Due the large volume of the tumor and the significant regional extension, surgery was not feasible, therefore, radiotherapy was offered as the only alternative. Information regarding the benefits, risks, procedures, effects, and alternatives has been informed to the patient carefully and obtained approval for medical treatment. Intensity modulated radiation therapy was delivered, using high energy photons (18 MV), Total dose to high-risk volume was 70 Gy and 56 Gy to low-risk region volume in 35 fractions [3,4]. Treatment planning dose distribution can be seen in (Figure 3). (A bolus of 5 mm was used to increase the surface dose). During radiotherapy course(After 25 Fractions), the volume the tumor had regressed, so Our patient undergo imaging to get new radiotherapy plan based on this new imaging, including changes in anatomy.

Three months after radiotherapy we noted a complete clinically regression of the tumor (Figure 3)

Conclusion

Our case demonstrates the benefit of exclusive in the case of inoperable salivary gland malignancy. In the case of inoperable salivary gland malignancy, the NCCN recommends definitive radiotherapy in all histopathological types of salivary gland malignancy except for ACC

Keywords: Squamous cell carcinoma; Parotid gland

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