

DISTANT METASTASIS AFTER DEFINITIVE TREATMENT FOR HEAD AND NECK

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INTRODUCTION

The incidence of distant metastasis (DM) has increased with the progressive improvement in the locoregional control of the head and neck squamous cell carcinoma (SCC).

OBJECTIVES

To identify risk factors for the development of MD among patients with head and neck SCC surgically treated.

PATIENTS AND METHODS

A retrospective study of 253 patients from January, 1997 to December, 2002 was performed. Out of them, 10 patients presented DM during the follow up. The following aspects were analyzed: gender, age, tumor primary site, TNM classification, cervical lymph node status, and the presence of extracapsular spread – gross or microscopic.

RESULTS

Variable		DM		p
		absent	present	
Gender	men	182	10	0.365
	women	33	0	
Age	≤ 55	55	3	0.719
	> 55	161	7	
Primary site	Lower lip	5	0	0.004
	Tongue	23	0	
	Floor of the mouth	12	0	
	Buccal mucosa	1	0	
	Hard palate	2	0	
	Tonsil	28	0	
	Soft palate	4	0	
	Base of the tongue	7	1	
	Glottis	84	1	
	Supraglottis	28	2	
	Pyramidal sinus	4	2	
	Paranasal sinuses	5	0	
	Unknown primary	9	4	
	Subglottis	4	0	
	N1	10	0	
	N2	49	5	
	N3	7	1	

Variable		DM		p
		absent	present	
pT	T1	61	0	0.431
	T2	62	2	
	T3	64	3	
	T4	20	1	
pN	N0	150	4	0.28
	N1	10	0	
	N2	49	5	
	N3	7	1	
Macroscopic ECS	-	202	5	<0.001
	+	14	5	
Microscopic ECS	-	198	4	<0.001
	+	17	6	

Table 1 – Variables analyzed as risk factors for DM.

The survival average for the patients with DM, after finishing the oncological treatment, was 16 months (standard deviation = 2.256). The presence of both gross extracapsular spread (Odd ratio = 14.429) and the microscopic one (OR = 17.471) and the both the neck advanced pathological staging (OR = 4.409) and the primary tumor staging (RR = 2.929) presented statistical significance as risk factors for the occurrence of DM.

Factor	Relative risk
Advanced pT (T3 / T4)	2.929
pN +	4.409
Macroscopic ECS	14.429
Microscopic ECS	17.471

Table 2 – Relative risk for the development of DM.

CONCLUSION

The risk factors for DM were: microscopic and gross extracapsular spread, the pathological presence of positive neck lymph node and advanced primary tumor.