Analysis of the clinicopathological characteristics and prognosis of adenoid cystic carcinoma of the intraoral minor salivary glands: a retrospective study of 40 cases

Suton, Petar; Lukšić, Ivica

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Letter to the Editor

"Analysis of the clinicopathological characteristics and prognosis of adenoid cystic carcinoma of the intraoral minor salivary glands: a retrospective study of 40 cases"

Petar Suton[1], Ivica Luksic[2]

[1] Department of Radiotherapy and Medical Oncology, University Hospital for Tumours, University Hospital Center "Sisters of Mercy", Ilica 197, 10000 Zagreb, Croatia

[2] University of Zagreb School of Medicine, Department of Maxillofacial Surgery, University Hospital Dubrava, Ave. Gojko Susak 6, 10000 Zagreb, Croatia

Corresponding author:

Prof. Ivica Luksic, MD, MSc, PhD

Department of Maxillofacial Surgery, University Hospital Dubrava

Ave. Gojko Susak 6, 10000 Zagreb, Croatia

Phone: +385 1 2903 431

Fax: +385 1 2864 250

E-mail: luksic@kbd.hr

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"Analysis of the clinicopathological characteristics and prognosis of adenoid cystic carcinoma of the intraoral minor salivary glands: a retrospective study of 40 cases"

Dear Editor,

We have read with great interest the article "Analysis of the clinicopathological characteristics and prognosis of adenoid cystic carcinoma of the intraoral minor salivary glands: a retrospective study of 40 cases" by He et al[1] published in Your estemeed journal. It offers a great deal of valuable information about this rare tumor with unusual biological behaviour. However, there are two critical points we would like to make.

First, the autors stated in the abstract, as well throughout the text, that elective neck dissection (END) is suggested for patients with clinically positive lymph nodes (cN+) or a locally advanced tumour, especially those undergoing microvascular reconstruction. By its definition END is lymphadenectomy in a clinically node-negative setting and its value in adenoid cystic carcinoma of the head and neck (AdCCHN) should not be replaced with therapeutic neck dissection (TND). Whereas TND is performed in all cN+ patients, management of cN0 neck is still contoversial and END is not routinely carried out in patients with AdCCHN. Both data from prospective and retrospective studies did not provide any evidence on survival advantage of END versus observation[2-5], except the one in which it was limited to a cohort of patients with advanced stage major salivary gland (MSG) AdCC, the effect being most pronounced in those undergoing adjuvant radiotherapy after END.[6] However, these results must be interpreted with caution since the observation cohort had a signficantly higher percentage of minor salivary gland primaries (56.5% vs. 24.8%) which is a sublocalization associated with poorer survival compared to the similar stage MSG AdCC.

Secondly, 15 patients with T4 tumors underwent neck dissection of which six due to nodal metastases found at inital diagnosis. From this statement it is unclear were these

lympadenectomies electively performed or whether these patients had clinically confirmed neck metastases and underwent TND. It would be valuable from authors to provide clarification on the rate of END and occult neck metastases as well as their impact on survival in comparison to the "no END" (observation) cohort.

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