Recurrence and Salvage Treatment of Squamous Cell Carcinoma of the Oral Cavity

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Objective : To evaluate incidence and predictive factors of recurrence in the oral cavity squamous cell carcinoma (SCC) and outcome according to salvage treatment modality.

Methods : We performed a retrospective analysis of 127 oral cavity cancer patients who underwent surgery with or without postoperative radiotherapy as initial treatment from 1991 to 2003.

Results : Thirty-six patients (28%) were observed with recurrences and/or metastases. Seventy-eight percent of recurrences occurred within one year, and 92% within two years after the initial treatment. The rate of recurrence and/or metastases was significantly higher in patients with an advancedpathologic stage, pathologic lymph node and positive resection margin compared to those with an early pathologic stage, negative lymph node and negative resection margin (p<0.05). Especially, regarding the relationship between the rate of locoregional recurrence and local or regional factors, resection margin status was a particularly important, and potentially preventable, predictor for locoregional control. Patients who underwent salvage surgery with or without postoperative radiotherapy had significantly improved salvage and total survival times compared with patients who received chemotherapy and/or radiation therapy for their recurrence.

Conclusion : SCC of the oral cavity is most likely to recur at the primary site and neck within two years after the initial treatment. The significant factors associated with recurrence and/or metastases were pathologic stage, the presence of pathologic lymph node and resection margin status. Resection margin status was a particularly important and potentially preventable, independent predictor for locoregional control. Salvage surgery for recurrence is the best option for improving the salvage and total survival times.