

Acinic Cell Carcinoma of the Parotid Gland

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Objectives : The purpose of this study is to review the clinical and pathologic features of acinic cell carcinoma of the parotid gland and to determine predictive factors of the recurrence.

Methods : From October 1991 to October 2007, we retrospectively reviewed the treatment outcomes of 33 patients with treated acinic cell carcinoma of the parotid gland at our institution. Complete follow-up information was available on 26 patients. All patients had curative surgery with or without neck dissection as their initial treatment, and 7 received postoperative radiotherapy due to positive margin and/or facial paralysis. The follow-up period ranged from 10 to 150 months (mean, 67 months).

Results : Twenty six patients consisted of 14 men and 12 women, with a mean age of 42 years (18–63 years). Fourteen patients (46.2%) had early T stage (T1, T2) tumors and twelve patients (43.8%) had advanced T stage (T3, T4). Four patients (15.4%) had preoperative facial paralysis. Radical

parotidectomy was attempted in 5 patients. Occult metastasis node was not found in all 5 patients with elective neck dissection. Six patients (23.1%) presented with recurrences after initial treatment (3 with local recurrence, 2 with regional recurrence, and 1 with distant metastasis). All six patients underwent salvage surgery and five of them were salvaged. One patient with distant metastasis died of residual disease after salvage surgery. Salvage surgery was attempted in all six patients, five patients could be salvaged except a patients with distant metastasis. The 5-year locoregional control, overall survival, and disease-specific survival rates were 74.2%, 91.6%, and 95.2%, respectively. Pathologic T stage was significant predictive factor for locoregional control rate ($p < 0.05$).

Conclusions : Although we have considered that acinic cell carcinoma of the parotid gland was low grade tumor, the authors identified it has a higher incidence of locoregional recurrence in advanced T stage.