PATTERN OF SALIVARY GLAND TUMOURS IN RADIOTHERAPY DEPARTMENT, UNIVERSITY COLLEGE HOSPITAL, (UCH), IBADAN

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Abstract

INTRODUCTION.
Salivary gland tumours are neoplasms and benign tumours arising in the salivary gland.They account forabout 2% of all human neoplasms2 and are relatively uncommon.However records of incidence and pattern of these tumours arescanty in Nigeria.
AIMAND OBJECTIVES.
This study will determine the overall pattern of salivary gland tumours in Radiotherapy Department University College Hospital Ibadan, in comparism with previous and recent studies. It would also determine symptoms, presenting age, gender distribution, histological variants and frequency of anatomical site affectation of salivary gland tumours.
METHODOLOGY.
This is a retrospective review of patients with salivary gland tumours, seen in the Department of Radiotherapy UCH Ibadan, from 2001-2010. Patients biodata, clinical presentation, histologic findings and treatment records were retrieved using data extraction formsand subsequently analysed.
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RESULTS
A total of 108 patients with histologically confirmed salivary gland tumours seen during the study period were analysed. Males comprised 63 (58.2%) and females 45 (41.7%). The mean ages for males and females were 47.9±3.1 and 46.5±3.7 respectively. The commonest presenting complain was facial swelling which was seen in all 108 patients followed by pain, inability to move facial muscle and numbness with 56 (51.9%), 24 (22.22%) and 22 (20.3%) respectively. Mucoepidemoid was the commonest histological type with 42 (38.9%). Majority of patients had secondary level of Education36(33.4%). Most of the patients came from South Western part of the country 55 (50.9%), this was mainly due to the geographical location of the study centre Ibadan,a city located in the south western part of Nigeria. Social habits such as tobacco smoking and alcohol consumption did not have any association with development of these tumours, 10 (9.3%)of respondents consumed alcohol, and 3 (2.8%) indulged in alcohol consumption as well as tobacco smoking. Most referrals were from Ear Nose and Throat surgeons (ENT) 53(49.1%). External beam Radiotherapy, surgery and chemotherapy were the main modality of treatment. The dose of radiation received, age, stage and presentation, histology and grading were all found to be of significant prognosis.
CONCLUSION
The burden of managing salivary gland tumours is enormous, despite advances in diagnosis and treatment. In the tropics and developing world most patients present with fungating, and often advanced metastatic disease. These tumours are usually inoperable and patients benefit from palliative external beam radiotherapy and systemic treatment. A high index of suspicion by the primary physician is highly required for early detection and treatment, in other to improve outcome and hence reduce morbidity and mortality.
There is also need for establishment of multidisciplinary team/tumour board for ease of referral and management of thesepatients for better control.

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Articles

Salivary gland tumours (SGT) are rare, comprising about 5% of head and neck tumours with a higher incidence reported in the western compared with the African centres. There are few studies on SGTs that have been conducted in Africa. Department of Oral & Maxillofacial Surgery, Oral Pathology and Oral Medicine, University of Nairobi, Nairobi, Kenya. Department of Periodontology/Community & Preventive Dentistry, University of Nairobi, Nairobi, Kenya. Bahra, J. , Butt, F. , Dimba, E. and Macigo, F. (2012) Patterns of salivary tumours at a university teaching hospital in Kenya. Silas, O.A., Echejoh, G.O., Manasseh, A.N. and Mandong, B.M. (2009) Patterns of malignant salivary gland tumours in Jos University Teaching Hospital (JUTH), Jos: A ten-year retrospective study. Childhood salivary gland tumor treatment usually includes surgery and radiation therapy. Learn more about the risk factors, symptoms, diagnosis, and treatment of newly diagnosed and recurrent salivary gland tumors in this expert-reviewed summary. Salivary gland cancer is a rare disease in which malignant (cancer) cells form in the tissues of the salivary glands. A history of past treatment for cancer may increase the risk of salivary gland cancer. Signs and symptoms of salivary gland cancer include a lump near the ear, cheek, jaw, or lip, or inside the mouth. Tests that examine the mouth and throat are used to diagnose salivary gland cancer. Salivary gland cancer is a rare disease in which malignant (cancer) cells form in the tissues of the salivary glands. The University College hospital (UCH) was strategically located in Ibadan, then the largest city in West Africa which is also the seat of the first University in Nigeria. The physical development of the Hospital commenced in 1953 in its present site and was formally commissioned after completion on 20 November 1957. The University College Hospital, Ibadan was initially commissioned with 500-bed spaces. Currently, the hospital has 850 bed spaces and 163 examination couches with occupancy rates ranging from 55-60%. Result of 2020 general nursing entrance examination. Tumors of the Salivary Glands. Median age for salivary gland malignancy is 55-65. Median age for benign salivary gland tumor is 10 yrs younger. Salivary gland malignancies represent 3-6% of head and neck cancers. Tumor distribution (Perez 5th edition): Parotid gland 70%. Submandibular gland 8%. Minor salivary glands 22%. 75% of parotid masses are benign. Low grade tumors of the parotid: acinic cell, low grade mucoepidermoid. Salivary tumors can arise in the major salivary glands or in one of the minor salivary glands (predominantly mucus secreting glands), which are distributed throughout the upper aerodigestive. Most pa- tients who develop malignant salivary gland tumors are in the sixth or seventh decade of life. FNA should be considered as part of the di- agnostic evaluation but due to its varying sensitivities and specificities imaging modalities such as ultrasound, CT scans, and MRI should also be used as diagnostic adjuncts. Surgery is the primary modality for management of these tumors, nontraditional surgi