

**THE OUTCOME OF SURGICAL INTERVENTION OF MALIGNANT TUMORS OF
MAXILLA**

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ABSTRACT

Malignant tumors of the maxilla and paranasal sinuses constitute less than 1% of whole malignant tumor of the body and about 3% of upper aerodigestive tract malignant tumor. Malignant tumors of maxilla are usually locally advanced and invades the surrounding structures. The aim of this study is the outcome of surgical intervention of malignant tumors of maxilla. This is a retrospective study of 16 patients attended to AL-Shaheed Gazi AL-Hariri and Al zahraa Teaching Hospitals, Of 16 patients, 5 patients developed recurrence with mean age 53.5years, four of them diagnosed S.C.C. The early diagnosis and management of the malignant tumors of maxilla is important to reduce the incidence of the recurrence. **Aim of study:** is the out come of surgical intervention of malignant tumors of maxilla.

KEYWORD: Outcome, maxilla.**INTRODUCTION**

Maxillary bone malignant tumor are may be locally advanced and invade the surrounding structures, such as nasal cavity, orbital content, ethmoid and sphenoid sinuses, nasopharynx, oral cavity, pterygoid fossa, and base of skull (Ken-ichi Nibu et al. 2002).

In the treatment of maxillary bone carcinoma, enbloc resection with healthy margins is difficult because of the surrounding vital structures. "Extended surgery also results in severe deformity and malfunction.

The mainstay of treatment for resectable lesions is surgery combined with postoperative radiation therapy. Increasing patient age, T stage, and N stage (regional lymph nodes metastasis) all a worse prognosis. Similarly, more poorly differentiated tumors are associated with poorer survival" (Neil Bhattacharyya. 2003).

MATERIAL AND METHODS

This is a retrospective study of 16 patients attended to AL-Shaheed Gazi AL-Hariri and Al zahraa Teaching Hospitals, with malignant tumor of maxilla. All the patients underwent maxillectomy, radiotherapy and follow up.

RESULT

Of 16 patients, 8 patients had S.C.C, four patients developed recurrence(50%). Two patients had adenoid cystic carcinoma, both them without recurrence. Two patients had mucoepidermoid carcinoma, one patient developed recurrence, and one patient had fibrosarcom,

without recurrence. one patient with ex-pleomorphic carcinoma, without recurrence.one case with rhabdomyosarcoma without local recurrence but with regional metastasis.one case with large basal cell carcinoma, without recurrence.

Of 16 patients, 9 patients were stage III, 2 of them developed recurrence. While 7 patients were stage IV, 3 of them developed recurrence.

While all the excisional biopsies revealed clear margins, 5 patients developed recurrence.

DISCUSSION

Of 8 patients with S.C.C, four patients were developed recurrence (50%). This result in agreement with (John C Whathinson et al. 2000) that the recurrence rate of Squamous cell carcinoma is high, and in agreement with (Balnco AL et al. 2004; Ganly I et al. 2005) that the S.C.C histology is considered one of the poor prognostic factor. One patient from two with high grade tumor (*mucoepidermoid* carcinoma) developed recurrence (50%). This is agree with (Rui Fernandes et al. 2009) that the high grade mucoepidermoid carcinoma is an aggressive malignant tumor and had poor survival rate. Two patient with present with adenoid cystic carcinoma without recurrence(0%). This is agree with (Rui Fernandes et al. 2009) that the *Adenoid cystic carcinoma* is slowly growing and have agood prognosis. Eight patients have stage III, two patients (25%) developed recurrence. Five patients have stage IV, three patients developed recurrence (60%). This is agree with (Neil

Bhattacharyya. 2003) that recurrence rate increase with increase in the tumor stage.

Five patients developed recurrence, three patients have poorly differentiated malignant tumor, and two patients had moderate differentiated malignant tumors, our result agree with (Neil Bhattacharyya. 2003) that *poorly differentiated tumors* had poorer prognosis than *well and moderate differentiated tumors*.

In this study all the histopathological reports of the excisional biopsies, Showed that the specimens with a *safe margins*, five patients developed recurrence, this result can be supported by many studies that aggressive tumors with adverse histological grade, the ability of the surgeon to assess tumor margin during surgery is limited. (Torsten E et al. 2007).

CONCLUSION

1-The most common malignant tumor involving the maxillary bone is squamous cell carcinoma.

2-Most of maxillary tumors are moderately to poorly differentiated tumors, and stage III or IV, the recurrence increase with increase the stage, and less differentiated tumors.

3-Cervicle metastasis is not common, and regarded as bad prognosis.

4-Early diagnosis and treatment of maxillary bone malignancies had better prognosis with low recurrence rate.

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