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The Incidence of Occult Primary in Neck Node Metastasis

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Abstract
Introduction
The presents of metastatic nodal disease always remains major prognostic factor in head & neck cancer. This reduces patient survival. Metastasis can result from recurrent nodal disease, distal metastasis or a second primary tumour in spite of control the primary tumour. Nodal metastasis is the strongest prognosticator of recurrent nodal disease and eventual distant metastasis. Inspite of advanced investigation and imaging occult primary still remains a dilemma to the oncologist.
Materials and Methods
Study was conducted in patients who presented with nodal disease to the Govt. Medical College Thrissur between 01.01.2014 and 31.12.2014
Result
Among the 142 cases study primary was identify in 10 cases.
Conclusion
Occult primary still remains unresolved even with advance the investigations and imaging
Keywords: *Occult primary, neck node metastasis*

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I. Introduction

Neck nodes are common problem to the surgeon because of its varying aetiology. Nodes can commonly be due to simple inflammatory, infective pathologies of the head & neck region to the malignancies arising from head & neck, lung to the visera. Patients with neck node metastasis are evaluated with a detailed history clinical examination and investigation including advance the imaging techniques.

The presents of cervical metastasis is a major prognostic determinant for patient s with head & neck cancer. This significantly reduces the patient survival. The presents of a solitary ipsillateral or contralateral positive lymph node or extra capsular tumour spread reduces the expected survival by nearly 50% for almost for all head & neck sites. Its also observed that the persistence of recurrence of the tumour at the primary site is associated with and increased incidence of both nodal and distant metastasis.

The presence of nodal metastasis doubles the incidence of distant metastasis (13.6% from 6.9%). The presence extra capsular nodal spread triples the incidence of distant metastasis (19.1% from 6.7%) and it associated with 10 fold increase in recurrence. In general greater the number of nodes and lower in the neck, worse the prognosis.

As a result of better local and the regional control patients are surviving longer allowing distant metastasis and 2nd primary tumour. The metastasis is usually to the lungs bones, and liver. The potential for distant metastasis provides a rationale for neoadjuvant therapy.

Out of 800 lymph nodes of the body 300 are located in the neck. For nearly 4 decades the classification for cervical lymph nodes was that developed by Rouviere in 1938. A level based system was introduced by shaw et al in 1981.

II. Materials & Methods

Subjects : Patients who presented with lymph nodes secondaries in the neck during a period of one year from 01.01.2014 to 31.12.2014.

Inclusion criteria

1. Patients with cervical lymph nodes suspicious of malignancy
2. Patients with pathologicaly proven malignancy.

Exclusion Criteria

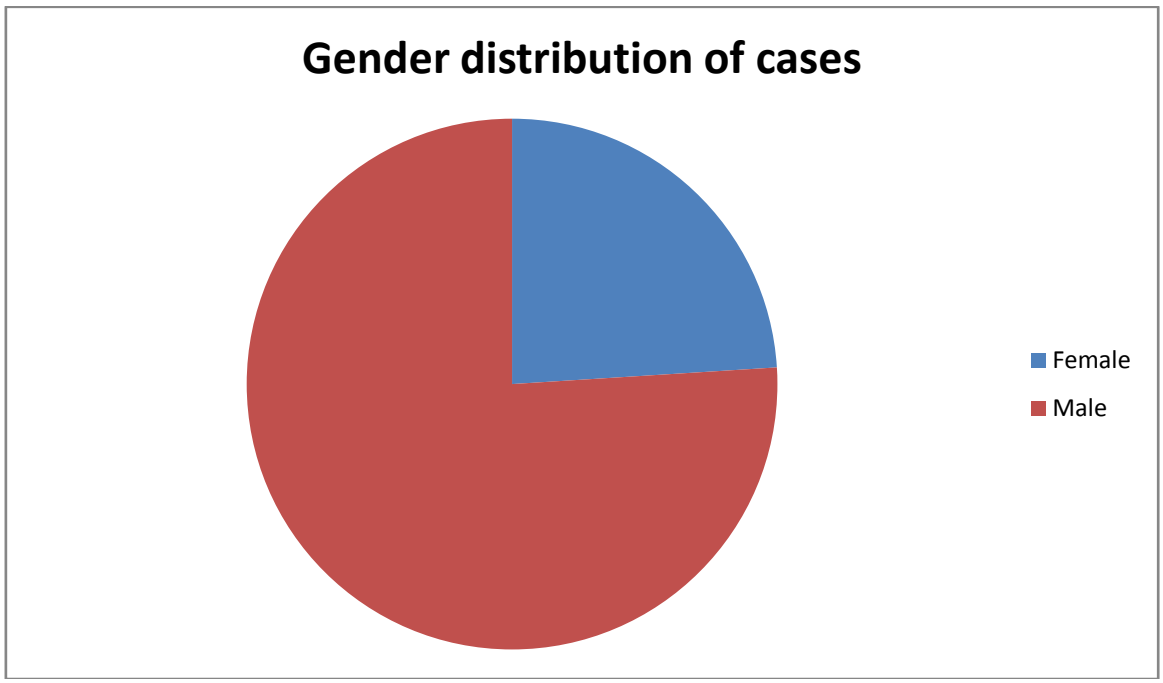
1. Patients with benign swellings
2. Tuberculous lymph node
3. Primary nodal malignancies like lymphoma

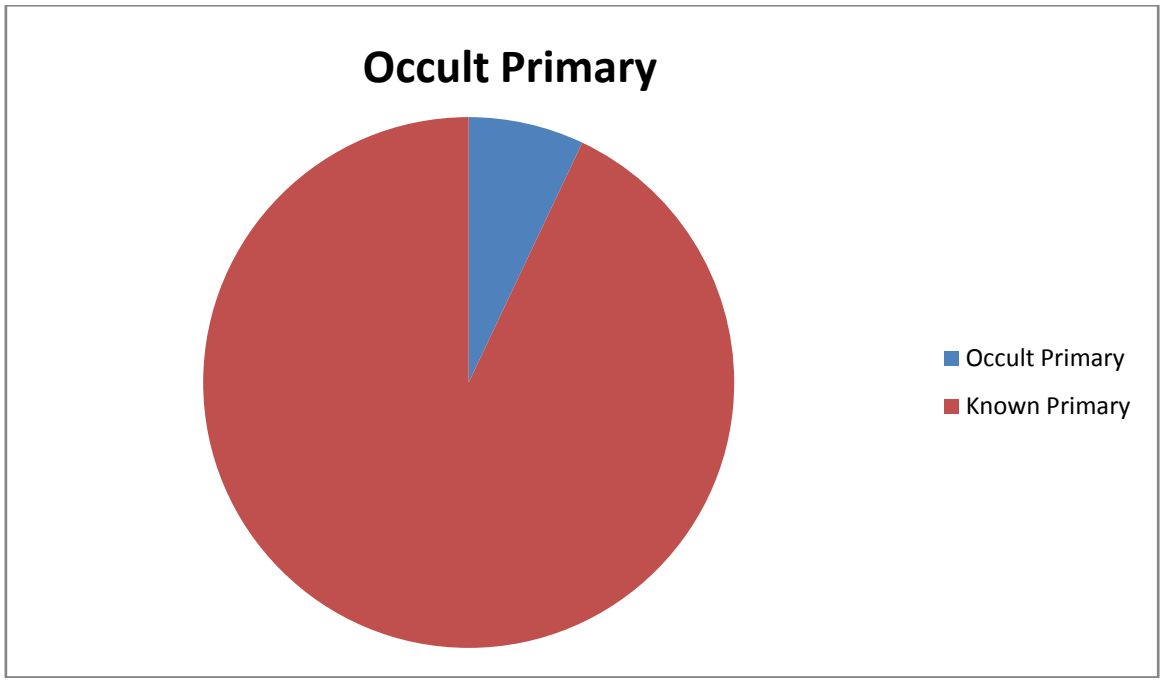
Samples size

142 case

III. Materials & Methods

All these patients were evaluated with a detailed history and clinical evaluation. The location and extend of the primary tumour and any clinically positive lymph node is documents. Almost all patients underwent CECT and/ or MRI to further define the extend of the locoregional disease. The author prefers the use of CT and reserves MRI for the patients in which further information is needed. The scan should be obtained prior to biopsy. A chest radiograph is obtained to determine lung metastasis and /or a synchronous primary or lung cancer. The patients with out an obious primary were evaluated by a complete ENT evaluation with direct laryngoscopy and / or pharyngoscopy patients with unknown primary should undergo FNAC. Excision biopsy is usually preferred when the FNAC result becomes in conclusive or equivocal. If the FNAC result is adinocarcinoma, lungs and gastro intestinal system should be evaluated with upper GI scopy and lower GI scopy.





IV. Observation

Among the 142 case 76 % were males and 80 % of them belong to the age group of 40 – 70. Most of the secondaries were on the right side. 10 cases were occult primary among which 3 were SCC, 1 was ADC and 4 PDC.

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