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Surgical Management of Recurrent Nasopharyngeal Carcinoma

The role of surgery in the management of nasopharyngeal carcinoma (NPC) resides in the treatment of persistent or recurrent disease. Over the past 2 decades, we have performed nasopharyngectomy via the Maxillary Swing approach for patients with local tumour recurrence after previous chemoradiation. Curative resection was achieved in 248 (79.5%) patients. The overall 5-year actuarial local tumour control was 74% and the overall 5-year disease free survival was 56%. In patients with tumour extension to the parapharyngeal space, extended resection was performed, followed by free flap reconstruction to protect the exposed petrosal internal carotid artery. For tumours which eroded the skull base, craniofacial resection was performed together with the neurosurgeons. The local recurrence rate after nasopharyngectomy was 13.1%, the risk of which was significantly higher in patients with positive resection margins. Overall, 63.6% of the patients with local recurrence were amenable to further surgery. Depending on the location of the tumour, re-maxillary swing, contra-lateral maxillary swing and central palatal resection can be performed. Over the years, modifications to the surgical techniques were developed in order to minimize the incidence of such complications.

Patients with recurrent cervical nodal metastasis were treated by radical neck dissection. The prevalence of extracapsular spread was 25.9%. They were treated aggressively with surgery followed by post-operative brachytherapy. We demonstrated no significant difference in the five-year actuarial nodal control (62% and 65%, $p = 0.18$) and five-year disease-free survival (38% and 44%, $p = 0.08$) between those with or without extracapsular spread.

Surgery is effective in the treatment of patients who suffered from persistent or recurrent nasopharyngeal carcinoma. Surgical techniques have undergone a continuous evolution to achieve a better oncological outcome as well as quality of life after surgery.

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复发性鼻咽癌的外科治疗

手术在鼻咽癌治疗中主要用于治疗残留或复发的疾病。在过去的20年里，我们通过上颌外翻法为先前放化疗后局部肿瘤复发的患者进行鼻咽切除术。248名（79.5%）患者实现了治愈性切除。总的5年局部肿瘤控制率为74%，总的5年无病生存率为56%。对于肿瘤扩展到咽旁间隙的患者，进行扩大切除，然后进行游离皮瓣重建，以保护暴露的颈内动脉。对于侵犯颅底部的肿瘤，与神经外科医生一起进行颅面切除。鼻咽切除术后的局部复发率为13.1%，切缘为阳性的患者复发风险明显较高。总的来说，63.6%的局部复发患者可以接受进一步手术。根据肿瘤的位置，可以进行再上颌骨外旋、对侧上颌外旋和中央腭部切除。多年来，为了尽量减少此类并发症的发生，人们对手术技术进行了改良。

复发性颈部淋巴结转移的患者采用根治性颈部淋巴结清扫术治疗。结外扩散的发生率为25.9%。他们接受了积极的手术治疗，然后是术后近程放疗。我们的研究表明，有无结外扩散者的五年淋巴结控制率（62%和65%， $p = 0.18$ ）和五年无病生存率（38%和44%， $p = 0.08$ ）没有明显差异。

手术对治疗残留或复发的鼻咽癌患者是有效的。为了获得更好的肿瘤治疗效果以及术后的生活质量，手术技术经历了不断的发展。