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The current role of salvage surgery in recurrent head and neck cancer

Salvage surgery offers the best chance of cure for patients with persistent and recurrent head and neck cancer. Prognosticators include initial stage of disease, location and stage of recurrence, and disease-free interval.

Scarring and fibrosis from previous treatment makes salvage surgery challenging. These include the ability to detect persistent or recurrent disease early, accurately assess the extent of disease, and achieve a clear resection margin. PET-CT has been proven to have high sensitivity and specificity in the detection of persistent and recurrent disease in the head and neck region. Various molecular and epigenetic tests have been described to further enhance accuracy in the detection of microscopic tumour deposit. Liberal use of well-vascularised flaps e.g. free tissue transfer, is warranted to minimise wound complications, such as salivary leakage, fistulation and strictures.

Management of recurrent neck nodal disease has always been a balance between “over-treatment” and the morbidities associated with a neck dissection e.g. shoulder dysfunction. For cN0 recurrent neck nodal disease post primary radiotherapy +/- chemotherapy, the general consensus is for close observation. For cN+ recurrent neck nodal disease, neck dissection is warranted. However, the extent of neck dissection is still under debate - selective neck dissection, super-selective neck dissection, modified or radical neck dissection.

Adjuvant radiotherapy +/- systemic treatment such as chemotherapy +/- immunotherapy may be indicated to further optimize oncological control post-salvage surgery. Comprehensive work-up for tumour staging and careful patient selection is warranted for the best oncological and survival outcomes.

周令宇

玛丽医院外科顾问

挽救性手术在头颈癌中的当前应用

挽救性手术为持续复发的头颈部癌症患者提供了最佳的治愈机会。预后因素包括初期疾病阶段、复发的部位和阶段，以及无病生存间隔。

之前的治疗方案导致的瘢痕和纤维化使得挽救性手术具有挑战性。其中包括早期检测持续性或复发性疾病的能力，准确评估疾病的范围，并达到清晰的切除边缘。PET-CT已被证明在头颈部位持续性和复发性疾病的检测中具有高度敏感性和特异性。各种分子和表观遗传学测试方法已被描述用于进一步提高对微小肿瘤沉积检测的准确性。广泛使用的良好血管化的皮瓣（例如游离组织移植）有助于减少创口并发症，如涎腺漏、瘘管和术后狭窄。

复发性颈部淋巴结疾病的管理始终是“过度治疗”和颈部淋巴结清扫引起的并发症（例如抬肩功能障碍）之间的平衡。对于原发放疗+/-化疗后cN0复发颈部淋巴结疾病，一般共识是密切观察。对于cN+复发颈部淋巴结疾病，需要进行颈部淋巴结清扫。然而，颈部淋巴结清扫的范围仍存在争议-选择性颈部淋巴结清扫、超选择性颈部淋巴结清扫、改良或根治性颈部淋巴结清扫。

在挽救性手术后，可能需要辅助放疗+/-系统性治疗（如化疗+/-免疫疗法）来进一步优化肿瘤学控制。为了获得最佳的肿瘤术后生存结果，应进行全面的肿瘤分期和细致的患者选择。