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POSTER

Minimally invasive video-assisted parathyroidectomy (MIVAP) for parathyroid adenoma

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Background: Conventional open unilateral or bilateral exploration for hyperparathyroidism is more invasive procedure with more complications. This paper is to investigate the feasibility and effectiveness of minimally invasive video-assisted parathyroidectomy(MIVAP) for parathyroid adenoma.

Materials and Methods: The parathyroid adenoma was detected by hypercalcemia and an elevated serum parathyroid hormone(PTH), and abnormal methoxy isobutyl isonitrile (MIBI). The parathyroid adenoma was located by sonography before operation. A 2 cm skin transverse incision was made above the suprasternal notch. Without gas insufflation, cavity was build with retractor. Pathological parathyroid was searched and ectomized with the assistance of endoscopic instruments and ultrasonically activated scalpel.

Results: Single adenoma of parathyroid was located in all 17 patients (the accuracy of MIBI and sonography was 100%). The operation (MIVAP) was successfully accomplished. The mean operative time was 35 minutes. Transient hypoparathyroidism developed in 10 cases without palsy of the recurrent nerve and postoperative bleedings. All the patients were followed for 2-18 months (mean, 9 months), with satisfactory curative(normal calcemia and PTH, alleviated symptoms) and cosmetic results.

Conclusions: MIVAP appears to be safe and curative procedure with better postoperative outcome and better cosmetic results.

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Radiosensitization with a COX2 inhibitor with chemoradiation for head and neck cancer

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Background: COX2 expression is seen in 100% of head and neck squamous cell carcinomas. COX2 overexpression results in inhibition of apoptosis and enhancement of tumor angiogenesis. COX2-mRNA levels in serum have been found to correlate with squamous cell carcinomas of head and neck and directly proportional to the tumor burden. Cyclo-oxygenase 2 (COX2) inhibitors have shown promise as radio- and chemosensitizers. We conducted a study to evaluate the toxicity and efficacy of Etoricoxib, a selective COX2 inhibitor, administered concurrently with cisplatin and radiation for locally advanced head and neck cancer. The study was done at a multispecialty hospital in Madurai.

Materials and Methods: Between June 2006 and March 2007, 24 patients with locally advanced head and neck cancers were taken up for the study. Patients with stage III/IV squamous cell carcinoma of the oropharynx, oral cavity, hypopharynx, or larynx were eligible. Patients with very large N3 nodes were not taken up for the study. Treatment was initiated with weekly cisplatin 40 mg/m² and concurrent radiation (60 Gy). Etoricoxib 90 mg OD was given on all days of radiation therapy. Primary endpoints were toxicity and response rates.

Results: Twenty (83%) out of the twenty four patients were males. The mean age at diagnosis was 53.9 years. Oropharyngeal cancers comprised one-third of all the patients. 54% of the patients had Stage IV disease. 2 patients (8%) could not complete the full course of radiation due to Grade III mucositis. Of the evaluable 22 patients, 68% had a complete response. Subset analyses showed a higher rate of complete response in patients with cancers of buccal mucosa and supraglottic larynx. Cancers of anterior tongue had poor response to concurrent chemoradiation with Etoricoxib. There was no treatment related myelosuppression or other adverse effects.

Conclusions: Radiosensitisation with COX2 inhibitors like Etoricoxib is tolerated by majority of our patients with locally advanced squamous cell carcinoma of head and neck undergoing chemoradiation. Two-thirds of patients achieved complete response at the end of therapy. Mucositis is seen only in a minority of our patients. No myelosuppression was seen. Larger sample size and longer follow-up may help us understand the real survival benefits of adding COX2 inhibitors to concurrent chemoradiation in locally advanced head and neck squamous cell carcinomas.

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POSTER

Microsurgical reconstruction of oropharynx after cancer remove by colon-omental flap

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Background: Surgical treatment of malignant locally advanced oropharyngeal tumors is a challenging task in terms of obtaining good long-term oncological results, on the one hand, and providing social rehabilitation of the patients, on the other. We tried to develop a method of surgical rehabilitation after extensive resections that will not compromise oncological outcome and will improve quality of life in the given group of patients.

Methods: Forty one (44) patients with malignant locally advanced oropharyngeal tumors (age 16-60) were operated in P.A.Hertzen Cancer Research Institute between 1999 and 2007. Tumors were located in oral cavity (15 pts), tongue (8), oropharynx (3), laryngopharynx (8), larynx (2), maxilla (20), mandible (3), soft tissues (3). The predominant histologic type was squamous-cell carcinoma. Patients under analysis fell in two groups – primary tumors (14 pts) and recurrent tumors (21 pts). In the primary tumors group there were 9 patients with T4, 11 patients with T3 and 3 patients with T2 tumors; 14 patients had N1-disease. In the recurrent tumors group relapses occurred after surgical treatment and/or chemoradiotherapy (dosage ranged from 24 to 110 Gy). In all cases patients presented with significant cosmetic and functional defects of the upper digestive and respiratory tracts. We used transverse colon flap for microsurgical reconstruction of oral and pharyngeal mucosa. Nutrient vessels of the transplant were artery and vein of Riolo arch. The intestinal portion of the flap was used to restore mucosal defects and soft tissues' defect was restored with omental portion. In 3 cases after pharyngolaryngectomy was performed trachea-oesophageal shunting with establishing voice protez to rehabilitate the voice. The second step of oropharyngeal reconstruction was carried out in 9 patients

Results: Necrosis of the flap was found in 4 patients (9%). Good functional qualities of the transplant contributed to the complete healing of salivary fistulas in 6 patients (13.6%). There were no complications associated with abdominal cavity. One patient died in the postoperative period because of erosive bleeding from mediastinal vessels. Feeding per os started from the 14th day after surgery. Natural food intake was restored in all patients. All patients were discharged within 3 weeks after surgery. In 3 cases a vocal function was applied after trachea-oesophageal shunting. 58.7% patients have already survived beyond 36 months.

Conclusion: Patients with locally advanced oropharyngeal tumors are treated most effectively using multimodal approach – chemoradiation with extensive surgical resection. The use of colo-omental free flap autotransplantation helps restore vast defects after resections and improves quality of life in such patients.

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POSTER

Bax expression at the invasive front of oral squamous cell carcinomas

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Backgrounds: Apoptosis is a genetically regulated cell death involved in the deletion of cells in normal as well as malignant tissues. Proteins of the Bcl-2 family play a key role in the control of apoptosis and carry out both pro-apoptotic and anti-apoptotic functions. The previous study has reported that bax expression was the risk factor of oral squamous cell carcinoma (OSCC). The present study evaluated the prognostic value of pro-apoptotic protein expression at the invasive front of OSCC, considering the clinicopathological findings.

Materials and Methods: Fifty-six specimens of OSCC were randomly selected. Bax expression was evaluated by immunohistochemistry in formalin fixed, paraffin embedded pretreated specimens at the invasive front of OSCC. Clinicopathological data were gathered, and patient survival was analyzed.

Results: Immunohistochemical staining showed that thirty-seven of the fifty-six specimens (66.1%) examined were positive for Bax. Positive cells tended to be in the outer layer of round tumor nests and cord-like microtumor nests at the invasive front of OSCC. None of the Bcl-2 expression correlated significantly with age, gender, primary sites, T category, and N category, cell differentiation and mode of cancer invasion. Cases showing recurrence of OSCC demonstrated low rates of Bax expression, and there was a significant correlation between Bax expression and local recurrence of OSCC (p<0.05). Furthermore, the five-year survival rate of Bax positive cases was significantly higher than that of Bax negative cases (p<0.05).