

## Can the Perivascular Lymph Node be Saved in Elective Neck Dissection for Oral Tongue and Floor of Mouth Squamous Cell Carcinoma?

Eun Chang Choi, M.D., Young Chang Lim, M.D.\*

*Department of Otorhinolaryngology, Yonsei University College of Medicine, Seoul, Korea*

**Aim** : Perivascular lymph node dissection requires meticulous surgical manipulation of the marginal mandibular branch of the facial nerve which is the most vulnerable branch. The goal of this study is to investigate the incidence of occult metastasis in perivascular lymph nodes in squamous cell carcinoma of the oral tongue and floor of mouth.

**Materials and Methods** : We performed a prospective analysis of the incidence of occult metastasis in perivascular lymph nodes in 55 patients (41 with oral tongue carcinoma, 14 with mouth floor carcinoma) who underwent the elective supraomohyoid neck dissection (SOND) for squamous cell carcinoma of the oral tongue and floor of mouth, at the Severance Hospital, Seoul, Korea, from 1994 to 2002. 98 SONDs were performed as follows ; 72 cases in oral tongue

carcinomas and 26 cases in mouth floor carcinomas. Of the neck specimens, level Ib specimen was divided and labelled into 5 subgroups-prevascular, retrovascular, preglandular, retroglandular and deep glandular lymph nodes-and sent to the pathology department for evaluation of pathologic metastasis.

**Results** : Clinically occult, pathologically positive perivascular lymph nodes occurred in 9.7% (4 of 41) of oral tongue carcinoma and 14.2% (2 of 14) of mouth floor carcinoma.

**Conclusions** : Therefore, even though we will need to further evaluate level Ib lymph node metastasis according to the primary site of oral cavity cancers, it may be possible to save the perivascular lymph node in elective neck dissection for oral tongue and floor of mouth squamous cell carcinoma.