

## Editorial

**Cite this article:** Hussain M, Fishman J, Fisher E. Parotid carcinoma and adjunct radiation therapy and the case for combined approach in paediatric antrochoanal surgery. *J Laryngol Otol* 2019;**133**:545. <https://doi.org/10.1017/S0022215119001646>

Malignant parotid neoplasms are rare, so that the paper from Japan by Nakano and colleagues<sup>1</sup> on 108 cases of parotid gland carcinoma over a period of 30 years with long term follow up, constitutes an important addition to the literature. The authors have not included cases with any suspicion of metastatic disease and have used the agreed classification of the American Joint Committee on Cancer and the International Union on Cancer to grade these tumours. The authors found that patients with high clinical stage tumours, with intermediate to high histological grade and a positive-surgical margin were statistically associated with poor prognosis irrespective of adjuvant radiation therapy, interestingly the United Kingdom National Multidisciplinary Guidelines<sup>2</sup> published in 2016 recommend that adjuvant radiotherapy be considered in high grade or large tumours or in cases where there are incomplete or close resection margins.

Whether safety and avoidance of recurrence in the management of paediatric antrochoanal polyp is enhanced by the use of a combined approach during surgery, is discussed by Mantilla *et al*<sup>3</sup> in a paper that combines endoscopic sinus surgery (FESS) with the traditional Caldwell-Luc operation in 27 cases over a period of 8 years. Recurrence after surgery is said to be common in children, however there is, as the authors show, a scarcity of good data on the recurrence rate. Although FESS remains the gold standard, the authors show that the whole polyp cannot be excised from its base in the antrum endoscopically. Combining this procedure with a Caldwell-Luc minimises the chances of recurrence. Until new treatment strategies appear<sup>4</sup> and are established, surgery remains the only viable option, so that anatomical variations<sup>5</sup> are of significance in the planning of surgery particularly in children.

## References

- 1 Nakano T, Yasumatsu R, Kogo R, Hashimoto K, Asai K, Ohga S *et al*. Parotid gland carcinoma: 32 years' experience from a single institute. *J Laryngol Otol* 2019;**133**: 604–9
- 2 Sood S, McGurk M, Vaz F. Management of salivary gland tumours: United Kingdom National Multidisciplinary Guidelines. *J Laryngol Otol* 2016;**130**: S142–9
- 3 Mantilla E, Villamor P, De La Torre C, Álvarez-Neri H. Combined approach for paediatric recurrent antrochoanal polyp: a single-centre case series of 27 children. *J Laryngol Otol* 2019;**133**: 627–31
- 4 Zheng H, Tang L, Song B, Yang X, Chu P, Han S *et al*. Inflammatory patterns of antrochoanal polyps in the pediatric age group. *Allergy Asthma Clin Immunol* 2019 doi: 10.1186/s13223-019-0352-3
- 5 Gursoy M, Erdogan N, Cetinoglu YK, Dag F, Eren E, Uluc ME. Anatomic variations associated with antrochoanal polyps. *Niger J Clin Pract* 2019;**22**: 603–8.