

Oral Cavity Cancers –Level v Metastasis

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Sir,

We read with interest the article” Significance of level v lymph node dissection in clinically node positive oral cavity squamous cell carcinoma and evaluation of potential risk factors for level v lymph node metastasis. “ by Parikh et al. [1] In this context, we would like to share our experience regarding the lymph node positivity in patients with oral cavity cancers. We had analyzed our data from a tertiary care center in south India where our patients had undergone neck dissection along with surgical ablation of the tumor. [2]

According to our data, of 218 operated cases, 68 were cN0. Of them 7 cases showed metastasis histopathologically. Out of 150 clinically positive nodes, histopathologically 59 were positive. [2]

In two of our cases, level V lymph nodes were positive. In one case, the primary was retromolar trigone and in the other case it was gingivo-buccal sulcus. Histopathologically, lymphovascular invasion was present in both the cases. [2] Also both these cases showed lymph nodal involvement in other levels.

In our study of female predominant patients, these two patients had undergone reconstruction with pectoralis major myocutaneous flap along with neck dissection (modified radical neck dissection type –2). [3]

We agree with the authors that level V lymph node dissection should be a part of surgery for proper staging and post-operative subsequent treatment and follow-up.

References

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