Sal 10**PROGNOSTIC FACTORS IN MALIGNANT SALIVARY GLAND TUMORS.**

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In a retrospective study, 77 patients with salivary gland malignancies were analysed. They were classified 52 times as carcinomatous, 10 times as sarcomatous and 15 times as metastatic in origin. Regional metastasis were present in 34, distant metastasis in 7 and facial paralysis in 19 patients, 76/77 patients underwent treatment, 13 in tumor stage I, 16 in tumor stage II, 24 in stage III and 23 in stage IV. Surgery alone was performed in 25, combined therapy in 48 and radiotherapy alone in 3 patients. The facial nerve was preserved in 54, partially resected in 6 and sacrificed in 13 patients. Histology and tumor staging had a strong influence on survival. In case of regional or distant metastasis prognosis deteriorated significantly. This was not true for facial nerve involvement. Irrespective of tumor histology recurrence-free survival was best after combined therapy. Safe tumor margins were of utmost importance while preservation of the facial nerve did not effect survival. Considering the poor prognosis of patients with salivary gland malignancies, a conservative attitude towards the facial nerve seems to be justified.

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Sal 11**MULTIPLE MALIGNANCIES IN MALIGNANT TUMOURS OF THE SALIVARY GLANDS**

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Primary malignancies of the salivary glands have to be delimited to metastases and manifestations of systemic diseases. The characterization of the tumour is an essential for the therapeutic decision and the prognosis of the single case. 59 patients (1972-83, ENT-Dept. University Hospital, Hamburg) with malignancies of the salivary glands are subject of this study. In 12 cases (20%) there has been simultaneous or delayed malignancies of other localization or systemic diseases. The material was reviewed. In 4 cases metastases of a primary tumour *alio loco* could be diagnosed in the salivary glands. There was a second well defined carcinoma in 5 patients and an additional third one in one patient. Another patient suffered from a pleomorphic adenoma, a mucoepidermoid tumour, sarcoidosis and a malignant Non-Hodgkin-Lymphoma simultaneously. The high incidence of multiple malignancies in malignant tumours of the salivary glands is discussed in respect of the mesenchymal framework of the salivary glands on the background of immunology.

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Sal 12**DIAGNOSIS AND THERAPY OF TUMORS OF MINOR SALIVARY GLANDS IN THE ORAL CAVITY**

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The majority of the minor salivary gland tumors in oral cavity are pleomorphic adenomas and adenoid cystic carcinomas. The predominant sites of the neoplasms are the hard and soft palate. Usually they present as a painless, prominent swelling with an intact mucosal cover in the beginning. Surgery which is the therapy of choice, leaves defects of the maxilla. - Adenoid cystic carcinomas necessitate radical surgery as the tumor infiltrates along nerves and lymphatic vessels not necessarily obvious during intraoperative assessment. Metastases of the tumor may be observed as late as 15 years after first treatment. The tumor may infiltrate into the skull base via the trigeminal nerve. Therefore the oval and rotund foramen are one the part of the necessary X-ray examinations. Early diagnostic symptoms are pain and paraesthesias as well as blocked nasal airway. The paper is concerned with perioperative irradiation and chemotherapy of adenoid cystic carcinomas and with functional rehabilitation by defect prothesis.

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Sal 13**ON THE PROGNOSTIC VALUE OF A HISTOPATHOLOGICAL CLASSIFICATION IN SALIVARY GLAND TUMORS.**

R. Fries und Z. Roscic

Presented are 347 patients with tumors of the salivary glands, treated between 1960 and 1980, and a comparison of the histopathology and clinical course is given. Based on the histopathology report and the clinical behaviour, a clinical classification of these tumors was attempted. Furthermore the age and sex distribution and the clinical course according to the histopathologic diagnosis were investigated. The ratio of malignancy was determined to be 26% in the case of parotid tumors, 36% in tumors of the submaxillary and sublingual gland and 60% in tumors of the minor salivary glands. Age distribution revealed a higher incidence of larger carcinomas with increasing age. On the whole there was a slight predominance of man except for the mucoepidermoid carcinoma with its higher incidence in younger woman. Surgery was based on the guidelines of the DÖSAK (German-Austrian-Swiss Study Group for Tumors of the Head and Neck):

1. Acinic cell and mucoepidermoid "tumors" should be regarded as carcinomas.
2. Malignant salivary gland tumors may occasionally appear clinically benign. Intraoperative evaluation by frozen sections is therefore mandatory.
3. The adenoid cystic carcinoma should be regarded as a separate entity among the malignant tumors. The five year survival rate is no reliable prognostic indicator for the clinical course of these tumors.
4. Treatment of the regional lymph nodes and reconstruction of the facial nerve remain surgical problems.
5. Radical surgery should also include the regional lymph nodes.

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