A-01

# Oral tongue cancer, a retrospective study of an 8- year single centre experience

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**ABSTRACT**

**Introduction:** Oral tongue malignancy is the most commonly diagnosed cancer of the oral cavity. However, it is still associated with poor prognosis despite advances in diagnostic and aggressive treatment modalities.The objective of this study is to explore the clinical profile, stage at presentation and outcomes of 27 consecutive patients from year 2013-2020 who have been treated and followed up at our institution. **Methods:** This retrospective analysis was performed to analyse variables that include age, stage at presentation, treatment, resection margins, local, regional and distant recurrence. Treatments comprised of glossectomy, radiotherapy and chemotherapy. Exclusion criteria include patients referred from other centres for surgical procedures and followed up at their respective centres post procedure and incomplete data. **Results:** There were 15 males (56%) and 12 females (44%) included in this study. The presenting age ranges from 21 to 74 years old (median 54 years) with peak occurrences at ages 50 to 60 (48%). Of 27, 55.6% of our patients presented with a stage IV disease followed by stage III( 25.9%), stage II (11.1%) and stage I (7.4%). Eighteen patients (67%) underwent surgical intervention; 38.9% of them had locoregional or metastatic recurrence following the surgical intervention. Resection margins were clear in 61% of our operated patients. Remaining 33% who underwent radiotherapy with or without chemotherapy had a 22% of recurrence. **Conclusion:** Our study reveals that patients in advanced stage of disease that underwent surgical intervention and those who opted for non- surgical treatment presented with similar outcomes however a larger sample size would provide better results in our study.

A-02

# Incidence of facial nerve paresis before and after parotidectomy at Head & Neck surgery centre

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**ABSTRACT**

**Introduction:** Facial nerve weakness is one of the commonest conditions encountered in parotid tumour and surgery. The reported incidence of facial weakness immediately after parotidectomy ranges from 14% to 65%. The purpose of this study is to evaluate incidence of facial nerve paresis before and after parotidectomy. **Methods:** This was a retrospective study of 35 parotidectomy cases, both partial and total, performed at Taiping Hospital from the year 2017 to 2020. We included all the patients who underwent parotidectomy irrespective of the diagnosis and tumour classification. Facial nerve paresis was graded according to the House-Brackmann facial nerve grading system. Facial nerve paresis post parotidectomy was classified as temporary if recovered within the first 6 months. **Results:** Among the 35 patients, 23(66%) of them had benign pathology and 12(34%) were malignant. The commonest diagnosis was pleomorphic adenoma with 29% of the total cases. In the benign category, before surgery none of the patients had facial nerve paresis and 57% had paresis immediately after surgery. However, only 26% had permanent paresis. Meanwhile, 42% of the malignant group of patients had facial nerve paresis before surgery. It increased to 75% after surgery. **Conclusion:** The most prevalent parotid tumour in our study is pleomorphic adenoma. In general, after parotidectomy, majority of the benign category patients had House-Brackmann grade II paresis and majority of the malignant category patients had paresis higher than grade III.