

AN UNUSUALLY LARGE MIXED TUMOR OF THE PAROTID.

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The purpose of this report is to present a technique for removal of very large parotid tumors with preservation of the facial nerve. In dealing with smaller tumors in this region, the normal anatomical relationship of the VIIth nerve may be used for its identification and dissection; however, in unusually large lesions, this relationship may be greatly distorted and branches could be so superficial as to be severed by the initial incision. A unipolar electrical stimulator capable of localizing branches by percutaneous stimulation, as well as in tissue dissection stimulation, was used in this case. This instrument supplies Faradic voltages graduated from one-fourth volt to five volts in fine steps, and also ten, 20 and 30 volts. The use of a transparent drape over the face, allowing the surgeon to visualize facial responses to stimulation, is most helpful in this procedure.

CASE REPORT.

A 78-year-old Negro lady was first seen in January of 1960 with a large tumor of the left parotid gland. A close friend of the patient stated that this mass had been so disfiguring that the patient had not left the confines of her home for over ten years. There had been gradual increase in size for at least 13 years. She had no history of other serious illnesses.

Upon examination, there was a lobulated, firm, slightly movable mass measuring 10 x 8 cm., and projecting 8 cm. from the face. The overlying skin was thin and, in places, adherent. The skin of the ear lobule was completely stretched by underlying tumor until the configuration of the lobule was no longer apparent. There was no weakness of the facial musculature. There was no intrapharyngeal extension of the lesion. Some areas were fluctuant, but there was no ulceration.

Excision of this lesion was performed under endotracheal general anesthesia. The left side of the face and neck was prepared and draped with transparent plastic sheeting covering the face. Using the stimulator set

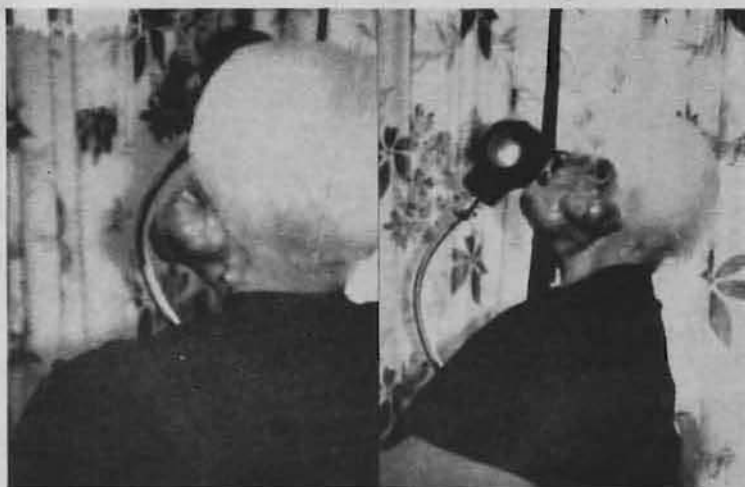


Fig. 1. The pre-operative appearance of tumor.



Fig. 2. The results one week following operation.

at 20 volts, the entire superficial surface of the tumor was explored, and the locations of the temporal, zygomatic, buccal and mandibular branches of the facial nerve were identified before the incision. Incisions were planned and carried out in order to avoid these branches, and to preserve the contours of the ear; also, to utilize any normal skin for closure. Adherent skin was removed with the lesion. Dissection was carried around the anterior aspect of the tumor, using voltages of one-fourth to one volt for identification and preservation of individual nerve branches. These were traced posteriorly, elevating the mass, until the entire pes pattern was visible. The tumor was then separated from the cartilaginous ear canal, sternocleidomastoid muscle and mandible, and was removed

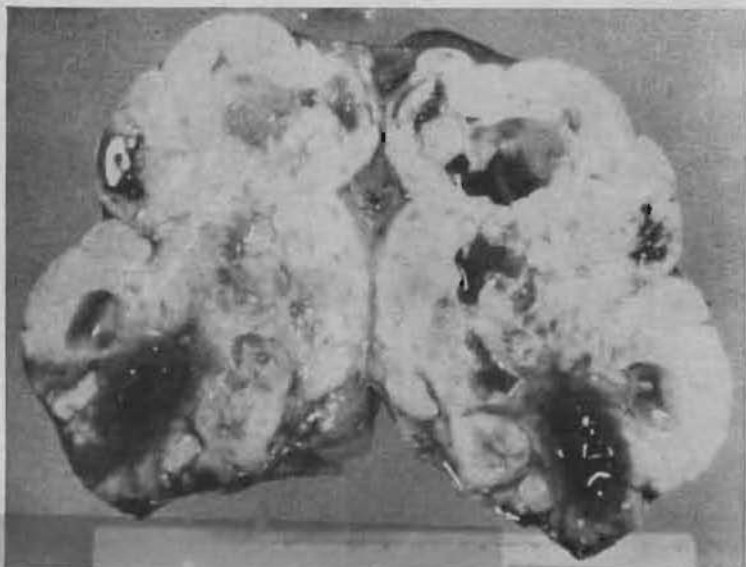


Fig. 3. The cut gross specimen is compared to a six-inch ruler.



Fig. 4. The nerve stimulator with unipolar probe.

intact. At this time, stimulation of the main trunk with one-fourth volt produced complete facial response. Primary closure was accomplished, utilizing existing flaps. Total operation time was four hours.

Sutures were removed in seven days following excellent primary healing. There was no weakness of any of the facial musculature.

SUMMARY.

A case of an unusually large parotid tumor is presented, and a safe and expedient technique of removal described.