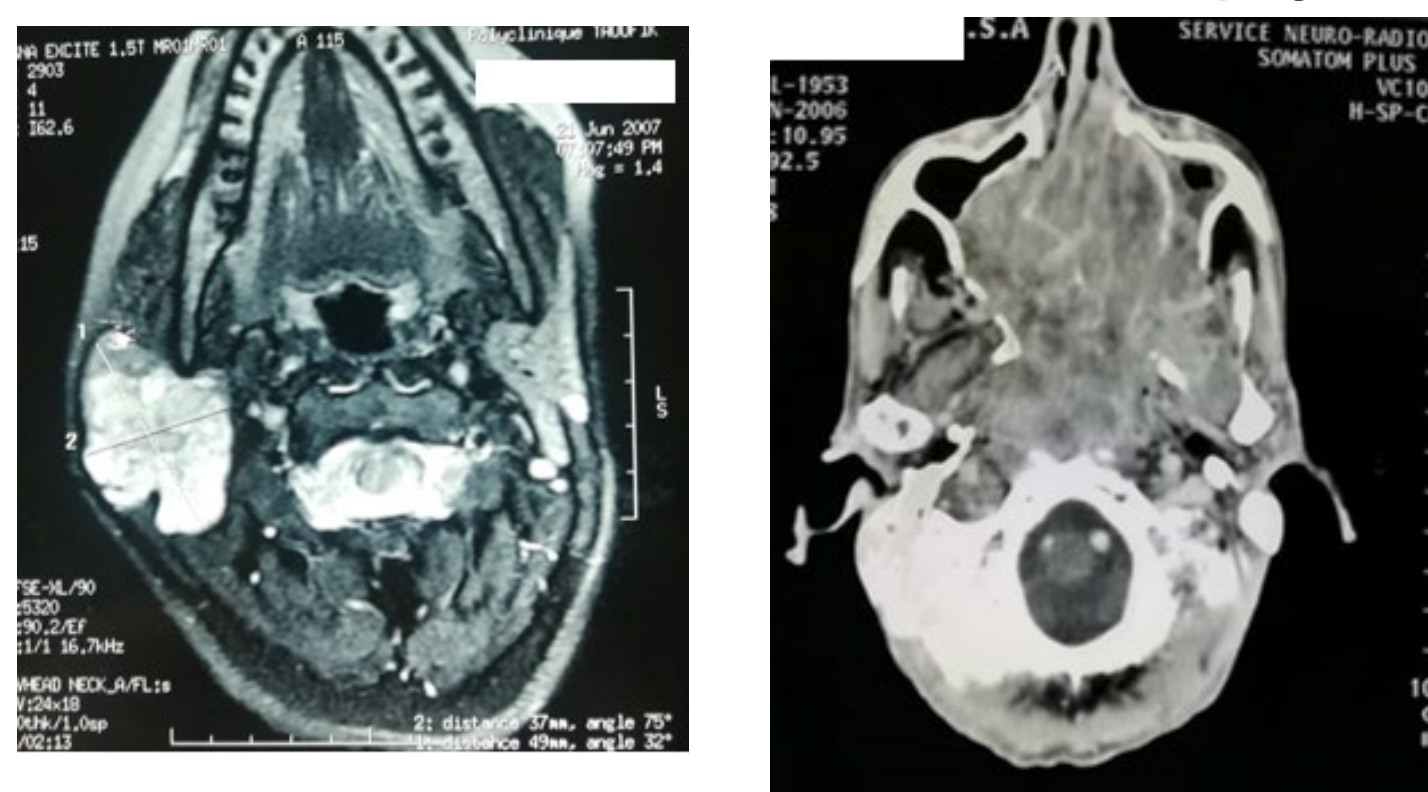
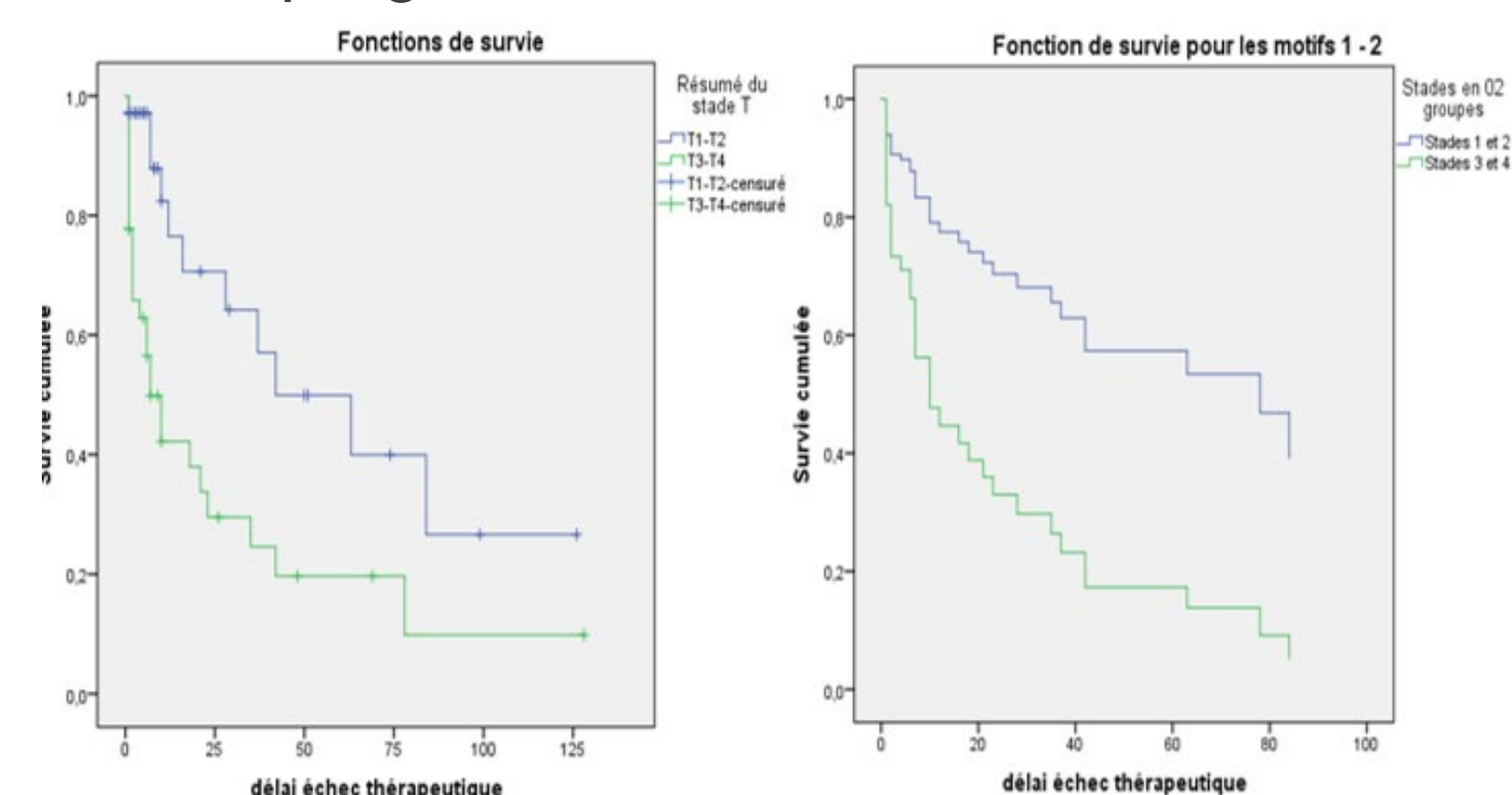


## Abstract

- **Adenoid cystic carcinoma (ACC)** is a rare tumor representing **nearly 1% of all malignant tumors of the head and neck**. It is characterized by **slow growth**, making diagnosis at an early stage difficult. It is also known for its high potential for local recurrence and distant metastasis.
- We report **71 patients** followed for adenoid cystic carcinoma of the head and neck.
- T3-T4 tumors, III-IV stages according to TNM classification, tumoral margins and smoking were correlated with a decreased event-free survival (EFS). Age  $\geq 65$  years, male gender, perineural and vascular invasions had also pejorative effect on prognosis.



Figures 1 and 2: CT scan (axial section): ACC of the parotid gland (on the left) and of facial bones.



Figures 3: impact of tumor volume (on the left) and tumor stage on disease free survival.

## Objective

- **The aim of this study** was to describe the therapeutic modalities of ACC and to seek prognostic factors impacting event-free survival (EFS).

## Methods

- Our study was retrospective. It involved **71 patients** followed for adenoid cystic carcinoma of the head and neck, collected over a **period of 21 years (1994-2014)**.
- Survival and prognostic factors were studied after descriptive analysis.

## Conclusions

- **The therapeutic strategy of adenoid cystic carcinoma of the head and neck** remains a real challenge. **The gold standard treatment is surgery** followed by external radiotherapy whenever possible.

## Résultats

- **The median age** of our patients was **53 years** with a sex ratio of 1,08. The main tumor site was the parotid gland representing 30% of cases.
- According to 2017 TNM classification, **T3-T4 tumors accounted for 51% of all cases** and no lymph node involvement was noted in 92% of our patients.
- The proposed **curative treatment was as follows: 55 patients were proposed for first line surgical treatment**, seven patients for external exclusive radiotherapy and two patients for radiotherapy with chemotherapy. Among the 55 patients operated, 54% (30/55) had no neck dissection.
- **Histological examination** of lymph node dissection specimens revealed **occult lymph node invasion in 14% of cases**.
- After an average follow-up of 37 months, **49% of our patients were in therapeutic failure**.
- The **overall survival at five years was 40%** and the **event-free survival (EFS) at five years was 33%**.
- After ten years of follow-up, only five patients (7%) survived, of whom three were in therapeutic failure.
- In bivariate analysis and after adjustment in a multivariate model, **T3-T4 tumors, III-IV stages according to TNM classification, tumoral margins and smoking** were correlated with a decreased event-free survival (EFS). Age  $\geq 65$  years, male gender, perineural and vascular invasions had also pejorative effect on prognosis.

## Discussion

- Adenoid cystic carcinoma is a **rare tumor of the salivary glands**.
- The **parotid** is the main location.
- **Its lymphatic spread is rare**.
- **Treatment is based on surgery**, the main therapeutic modality, and radiotherapy.
- **Survival** remains dependent on the tumor stage and tumor location.

## Références

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