Lymph Node Yield (LNY) as a Prognostic Factor in Clinically Node Negative Oral Cavity Squamous Cell Carcinoma

ABSTRACT

Background: Selective neck dissection with a higher lymph node yield (LNY) increases the prognosis and survival of early-stage oral cavity squamous cell carcinoma (OCSCC) patients.

Objective: To determine the prognostic significance of nodal yield in patients with clinically node-negative (cN0) OCSCC.

Method: This retrospective observational study included 40 patients with cN0 OSCCC who underwent treatment with at least six months of follow-up data. We recorded the variables, including patient demographics, cancer site, Tumor-Node-Metastasis (TNM) staging, type of treatment, LNY, histopathologic diagnosis, and recurrence.

Results: Our study comprised of 27 male and 13 female patients with a mean age of 60.08$\pm$13.153 years. Tongue (55%) was the commonly affected site. 17 (42.5%) patients belonged to TNM stage II. The mean LNY in our study was 38.65±25.41 (range 7-98). Following surgery, 19(47.5%) patients further received adjuvant therapies. Recurrence was reported only in 4(10%) patients. There was no significant difference between the number of lymph node yield and the recurrence rate (p= 0.892). Factors including, age (p=0.121), gender (p=0.209), site (p=0.519), size of tumor (p=0.416) did not influence the LNY.

Conclusion: There is no correlation between LNY and recurrence in cN0 OSCCC patients. Meticulous neck dissection and thorough pathologic reporting prevents TNM under staging and improves the overall survival and prognosis.