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Case Report

Method of Conservative Therapy of Salinity and Lymphoma After Resection of Parotid Gland on Tumors and Tumor-Like Processes

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Abstract

Tumors of the salivary glands consist from 1% to 25% of all tumors of the human body and 3-6% of the number of neoplasms of the head and neck region, and in the vast majority of cases they occur in the parotid glands (A.I. Paches, 1983; I.F. Romacheva., *et al*. 1987, C. Theriault., *et al*. 1986, R. Brusati., *et al*. 1987, R.K. Khaznchi., *et al*. 1988, C.A. Waldron., *et al*. 1988, T.A. Buchholz., *et al*. 1992; D. Pedersen., *et al*. 1993).

Tumors of the salivary glands prevail in patients aged 21 to 65 years; Their frequency decreases after 70 years, which is obviously associated with age-related atrophy of the glands, slow growth of the tumor process, difficulties in the preventive examination of elderly and senile people (Y.I. Bernadsky, 1984; I.F. Romacheva., *et al*. 1987; A.O. Minkin, 1989, N.V. Mishina., *et al*. 1995, J. Witten., *et al*. 1990; R.E. Talyor., *et al*. 1993).

Y.I. Bernadsky (1970, 1984), A.I. Paches (1971, 1983) suggest the distribution of tumors of the salivary glands to epithelial, non-epithelial (connective), neurogenic, intermediate (acinocellular tumor) groups. In each of these four groups, there are benign, malignant and intermediate variants. Treatment of benign tumors of the salivary glands is operative enucleation with a capsule, in addition to the polymorphic adenoma, which is resected with the underlying areas of the gland, separating the branches of the facial nerve from the main stem along the Redon or peripheral branches along Kovtunovich. In the postoperative period, patients with SLE often have lymphorrhea and salivation, which lead to the blotting out of the postoperative bandage, prolongation of the healing of the postoperative wound, and create inconvenience for patients during eating and sleeping [1-5]. Given all of the above post-operative complications (lymphorrhea and salivation) after surgical treatment tumors of the salivary glands we provide a method of conservative treatment of this condition.

Keywords: Eating; Sleeping; Salivary Glands

The Purpose of the Study

To provide a method of conservative treatment lymphorrhea and drooling after surgery tumors of the salivary glands.

Material and Methods

Clinical pictures were the 127 patients (71 of them (41%) Female 56 (59%) - males) with tumors of the salivary glands treated at the National Cancer Research Center at the University Hospital TSMU them. Avicenna Clinic Talco Aluminum Plant in Tursunzoda in the period from 1994 to 2016 at the age of 18 to 70 years. Benign tumors of the salivary glands were diagnosed in 75 (59%) patients; Malignant tumors of the salivary glands - 52 (41%) patients. Prevalence of malignant tumors of the salivary glands international TNM system, T2N1M0 set in 22 (42%),

T3N1M0 y 12 (23%), T4N1M0 y 18 (35%) patients. The essence of the method consists in that after partial resection, subtotal resection and parotidektomiya about tumors of the salivary glands for conservative treatment of salivation lymphorrhea and postoperative wounds. Additionally administered following regimen: For 5 days, the patient is administered 0.1% solution of atropine hydrochloride 1.0 subcutaneously 2 times a day, a 1% solution vikasola 1.0 twice a day intramuscularly. Tocopherol 0.1 to four times daily by mouth, 0.05 methyluracil three times daily by mouth, ulsepan (pantoprazole) of 0.04 (40 mg) twice daily by mouth.

Results and Discussion

The above method, we conducted conservative treatment of 18 patients with different types of tumors of the salivary glands after resection of the parotid glands, the control group consisted of 20 patients tumors of the salivary glands that were traditionally after the partial resection, subtotal resection and parotidectomy about tumors of the salivary glands, that is not the last received conservative therapy. Patients treated with conservative treatment lymphorrhea salivation and from postoperative wound already on the third day was observed decrease postoperative soaking bandages, and on the sixth day after the operation was stopped completely isolation from saliva postoperative wounds and lymph in contrast to the control group of patients. Healing after the surgical wound in all patients tumors of the salivary glands occurred by first intention.

Conclusions

Thus, we proposed a method of conservative treatment of salivation and lymphorrhea after a partial resection, subtotal resection and parotidektomiya for tumors is a simple and affordable method of treatment of drooling and lymphorrhea, it improves the quality of postoperative wound healing, reduces the post-operative rehabilitation and quality of life of patients tumors of the salivary glands.

Application of this method contributes to improvement of medical treatment methods and postoperative salivation lymphorrhea after partial resection, subtotal resection and parotidektomiya parotid gland and determines the success outcome operation on the parotid gland in tumor lesions of it.

Therefore, for us to recommend this method of conservative treatment of salivation and lymphorrhea for introduction into clinical practice of maxillofacial oncology offices and engaged in tumors and tumor processes in the parotid gland.

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