Outcome following surgical treatment for regional metastases from cutaneous cancers of the head and neck in patients aged 80 and over

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ABSTRACT

INTRODUCTION Population demographics and disease epidemiology is resulting in more elderly patients presenting with regional metastases from cutaneous malignancy of the head and neck region. Surgery remains the most appropriate primary treatment option.

PATIENTS AND METHODS We analysed consecutive patients aged 80 and over who developed regional metastases from cutaneous cancers of head and neck and underwent a neck dissection over a two-and-a-half-year period. Data were obtained from the cancer database and patients' notes. A Kaplan–Meier survival graph was constructed.

RESULTS Our study demonstrated a low postoperative morbidity but one patient died from medical complications within the first 30 days post surgery. The median survival time following surgery is nearly two years.

CONCLUSIONS We continue to advocate primary surgery for cutaneous metastatic malignancy from the head and neck area but patients need multidisciplinary team discussions, thorough assessment and counselling.

KEYWORDS

Cutaneous cancer – Parotidectomy – Regional metastases

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The population of the UK aged 75 and over is expected to reach 8.2 million by 2031.¹ The incidence of skin cancer is also increasing, with surgery remaining the treatment of choice for regional metastases from the head and neck region. Few data are available regarding the treatment outcome for such patients. Our study was designed to determine peri- and postoperative morbidity and mortality in patients aged 80 or over following surgery for regional metastases from cutaneous cancers.

Patients and Methods

This study was approved and registered by the Betsi Cadwaladr University Local Health Board clinical audit and effectiveness department. This retrospective study included consecutive patients aged 80 and over who developed regional metastases from cutaneous cancers of head and neck and underwent a neck dissection with or without parotidectomy over a two-and-a-half-year period. Data were obtained from the cancer database and patients' notes. A Kaplan–Meier survival graph was constructed. Eleven patients were included in the study and their age ranged from 81 to 96 years. In nine patients the primary tumour was a squamous cell carcinoma and in two patients it was a malignant melanoma.

Results

Nine patients underwent parotidectomy and neck dissection and two underwent a neck dissection alone. Six patients were ASA grade 3, four patients were grade 2 and one patient was grade 4. Time under general anaesthesia ranged from 4 to 8 hours with a mean of 5.3 hours. The length of hospital stay ranged from 5 to 50 days with an average of 17.7 days. One patient died in the immediate postoperative period at 15 days due to pneumonia. Four of eleven patients died in the follow-up period, all of distant metastatic disease giving a median disease-specific survival of 1,027 days. Overall survival is shown in Figure 1. Four patients suffered a minor surgical complication that included wound necrosis, wound infection and temporary facial nerve weakness but none of these delayed their discharge from hospital.

Discussion

The incidence of skin cancer is increasing in the elderly population in part due to improved healthcare enabling more people to advance into their ninth decade and beyond.² Some patients with cutaneous cancers of the head and neck area will develop regional metastases and these, if possible, require radical treatment. Primary surgery remains the mo-

Table 1 Details of the tumor, treatment and immediate postoperative outcome

Age	Primary site	Surgery	ASA grade	LOS	Immediate outcome
96	Temple	Parotidectomy, neck dissection	2	10 days	Alive
89	Pinna	Parotidectomy, neck dissection	3	50 days	Alive
84	Nose	Parotidectomy, neck dissection	3	06 days	Alive
88	Cheek	Neck dissection	3	15 days	Alive
84	Pinna	Parotidectomy, neck dissection	3	12 days	Alive
90	Lip	Neck dissection	3	15 days	Dead
81	Scalp	Parotidectomy, neck dissection	2	20 days	Alive
91	Scalp	Parotidectomy, neck dissection	2	05 days	Alive
83	Cheek	Parotidectomy, neck dissection	2	05 days	Alive
86	Pinna	Parotidectomy, neck dissection	3	07 days	Alive
90	Cheek	Parotidectomy, neck dissection	4	06 days	Alive

ASA = American Society of Anesthesiologists; LOS = length of stay

dality of choice⁵ and our study demonstrated both surgical and medical outcomes in a cohort of such patients. Surgery was effective in controlling local disease.

In the study group of patients there were no intra-operative deaths or surgical complications requiring a prolonged hospital stay or re-operation. However, one patient died within the immediate postoperative period at 15 days. This death resulted from respiratory disease. There was no correlation observed when ASA grade and anaesthetic time were compared with outcome.

Harwood reported that co-morbid conditions and physiological age show more influence on the rate of postoperative complications than the calendar age itself.⁴ Boruk *et al*

suggested that older age is a not a risk factor for complications from major head and neck surgery.⁵ The results of our study support the above findings.

Conclusions

We conclude that radical surgery for regional metastases from cutaneous cancer of the head and neck region is associated with low surgical morbidity and mortality rate. Careful preoperative medical and anaesthetic work-up and counselling is critical. Surgery remains the treatment of choice, even in patients aged 80 or over.

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Figure 1 Overall survival function: the proportion of the patients that survive plotted against the number of days