



**"CAROTID SHEATH REMOVAL IN PATIENTS WITH ORAL SQUAMOUS
CELL CARCINOMA, AN ABSOLUTE ESSENTIAL OR AN OBSOLETE
OVERDO": A PROSPECTIVE HISTOPATHOLOGIC STUDY**

by

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ABSTRACT

Aim: To assess the pathological infiltration of the CS, when grossly uninvolved intra-operatively, by histopathological evaluation.

Objectives:

- 1) Investigate the histopathologic characteristics of CS in patients with OSCC
- 2) Clarify whether it is essential to excise the CS during neck dissection
- 3) Correlate the above with extent & stage of the disease

Methods: A prospective study was conducted at the Department of OMFS, SDMCD SH from 2013 to 2015. CS was collected in 30 biopsy proven cases of OSCC, who underwent neck dissection, from the area of carotid bifurcation corresponding to levels II and III and was assessed by two senior pathologists independently. The results were analyzed and tabulated.

Results: The CS consisted of FFT and interspersed NB. NI and DLC were seen in all cases. LN adherent to the CS were seen in 5 cases and LA were seen in 15 cases. Metastatic LN were seen in the gross specimen in 13 cases (total of 32 nodes: 16 in level I, 11 in level II, 1 in level III and 2 each in level IV and level V). Indicators of TCI like tumour deposit and LTE were not found in any of the 30 cases.

Conclusion: There was no evidence of TCI in any of the cases. The result did not vary with the age or gender of the patient, tumour size, location, staging or grading of the tumour or even when there were metastatic LN in the gross specimen. This can be an incidental finding as there have been reports of carotid artery and jugular vein invasion as well as vagal paralysis and it will be precipitous to conclude that CS is an effective barrier against TCI and still needs to be excised during neck dissections. Further studies are required in this subject.

Keywords : Oral Squamous cell carcinoma; Carotid Sheath