



**SITE SPECIFIC INCIDENCE OF METASTATIC LYMPH NODES IN
ORAL CANCER: A RETROPROSPECTIVE STUDY**

BY

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Abstract

1. **Aims and objectives:** To assess the patterns of cervical lymph node metastasis from oral squamous cell carcinoma arising in the different subsites (buccal mucosa, tongue & floor of the mouth, retromolar trigone, gingivobuccal sulcus, upper & lower alveolus, hard palate, lip) & to assess the frequency of metastases within nodal groups for OSCC that arise in these locations.
2. **Methodology:** Biopsy proven cases of squamous cell carcinoma admitted and operated at our institute from 2009 to 2016, who had not been operated previously and had not received prior radiotherapy were included in the study. The data was collected from the previous records of the patients. The clinical and histopathological findings of metastatic lymph nodes were correlated with the site of primary tumour. The oral cavity sites included were buccal mucosa, tongue & floor of mouth, retromolar trigone, gingivobuccal sulcus, upper and lower alveolus, hard palate and lip.
3. **Results:** It was found that squamous cell carcinoma arising from most of the subsites of oral cavity like buccal mucosa, tongue, floor of mouth, RMT, lower alveolus, hard palate, gingivobuccal sulcus mainly metastasized to Level Ib and IIa followed by level III. Level Ia, IIb and IV were less commonly involved. Level V involvement was seen very rarely in only one case of retromolar trigone carcinoma.
4. **Conclusion:** The findings of this study indicate that for N0 necks minimum level III clearance should be done during neck dissection for all oral carcinoma

primaries and for N positive necks at least level IV or level V clearance is warranted. But the level of clearance during neck dissection does not solely depend on the subsite involved. We also need to take into consideration other tumour factors like size, T stage, tumour thickness and morphological characteristics of the primary tumour.

Keywords: *oral squamous cell carcinoma; neck metastasis; neck dissection; buccal mucosa; tongue; floor of mouth; hard palate; alveolus; lip*