ABSTRACT:
The objective of this study was to report our experience with managing primary adenocarcinoma, not otherwise specified (NOS), of the major salivary glands.

Adenocarcinoma (NOS) of the major salivary glands is an uncommon disease that usually presents as a high grade lesion at an advanced stage. Although surgical resection followed by radiotherapy has been the mainstay of treatment for this disease in the absence of distant metastases, disease recurrence/persistence is still quite common.

Our study demonstrates that concurrent chemotherapy (cisplatin) and radiotherapy after previous surgery may improve disease control and warrants consideration and further investigation.

METHODS:
We reviewed the charts of 20 consecutive patients with primary adenocarcinoma (NOS) of the major salivary glands.

RESULTS:
In 17/20(85%) patients, the tumors developed in the parotid gland, while in 3/20(15%), the tumors developed in the submandibular gland.

7/20(35%) patients presented with stage IV; 9/20(45%) patients presented with stage III; 2/20(10%) patients presented with stage II; and 2/20(10%) patients presented with stage I disease.

Histopathologic examination of the specimens demonstrated the following: 15/20(75%) patients had high grade (poorly differentiated) histologic type; 3/20 patients had intermediate to high grade type, and 2/20 patients had intermediate grade type.

In 8/20(40%) patients, there was a report of peri-neural invasion. Evaluation of the methods of initial treatment demonstrated the following: 19/20(95%) patients had primary surgical excision of the tumors; 14/19 of them had concurrent neck dissections, while 4/19 had concurrent lateral temporal bone resection due to extension along the external auditory canal.

All 19 patients that underwent primary surgical excision had post-operative adjuvant radiotherapy; and 6/19(32%) advanced stage patients received concurrent chemotherapy (cisplatin) after primary surgery.

Evaluation of the post-treatment follow up period demonstrated the following: 7/20(35%) patients had evidence of recurrent/persistent disease after a median follow up period of 2 years (Fig.1).

All 7 patients recurred locally and 3 developed concurrent distant metastases. No patients recurred after primary surgery and concurrent chemoradiotherapy (p<.05).

CONCLUSION:
Although surgical resection followed by radiotherapy has been the mainstay of treatment for advanced stage disease in the absence of distant metastases, disease recurrence/persistence is still quite common.

Adding chemotherapy (cisplatin) to radiotherapy after previous surgery may improve disease control and warrants consideration and further investigation.