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Parapharyngeal Space Tumors

The parapharyngeal space is one of the most complex parts of human anatomy, which is a potential space harboring numerous vital neurovascular structures. Anatomically / radiologically it is divided into two regions; the prestyloid /masticator space and post styloid /carotid space. The masticator space contains the deep lobe of parotid, fat and some lymph nodes. The carotid space has, internal carotid artery, jugular vein, sympathetic chain, cranial nerves IX, X, XI and XII and lymph nodes. Tumors in this location are extremely rare, comprising of less than 1% of all head and neck tumors. The most common pathology in the masticator space is a deep lobe parotid tumor. On the other hand, a variety of neurogenic and neuro vascular tumors arising from the paraganglionic tissue occur in the carotid space. The paragangliomas may be genetically predisposed, and thus familial. In addition metastatic lymph nodes from a variety of primary sites in the head and neck can present in the parapharyngeal space, such as nasopharynx, oropharynx and even thyroid gland. Carotid body tumor is the most common paraganglioma in this location. The diagnosis of neurovascular tumors is usually radiological, since benign or malignant neurovascular tumors look similar in cytology. Besides, a needle biopsy in these highly vascular tumors can be hazardous.

Surgical treatment of these tumors is technically demanding, and functionally debilitating. Therefore, there is a major paradigm shift in the management of these tumors in the past few decades. Close surveillance with periodic imaging to monitor growth, is the preferred approach in most asymptomatic tumors. If significant or rapid growth is demonstrated, then treatment may be indicated, and that may include either surgery or definitive radiotherapy. The radiation delivered usually in a lower dose will arrest the growth of the tumor, but will not make it disappear.

Rarely these tumors may be functioning or malignant, warranting early intervention. In such cases thorough investigation for multiple tumors and or metastatic tumors should be undertaken, followed by a multidisciplinary team discussion to develop a comprehensive treatment plan.

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咽旁间隙肿瘤

咽旁间隙是人体解剖学中最复杂的部位之一，是一个潜在的空间，容纳了众多重要的神经血管结构。在解剖学和放射学上，咽旁间隙分为两个区域：茎突前/咀嚼肌间隙和茎突后/颈动脉间隙。咀嚼肌间隙包含腮腺深叶、脂肪和一些淋巴结。颈动脉间隙包含颈内动脉、颈静脉、交感神经节、颅神经 IX、X、XI 和 XII 以及淋巴结。该部位的肿瘤极为罕见，在所有头颈部肿瘤中占比不到 1%。咀嚼肌间隙最常见的病变是腮腺深叶肿瘤。另一方面，颈动脉间隙会出现各种由副神经节组织引起的神经源性和神经血管性肿瘤。副神经节肿瘤可能具有遗传倾向，因此具有家族性。此外，来自头颈部各种原发部位的转移淋巴结也可能出现在咽旁间隙，如鼻咽、口咽甚至甲状腺。颈动脉体肿瘤是该部位最常见的副神经节瘤。由于良性或恶性神经血管肿瘤在细胞学上的表现相似，因此神经血管性肿瘤的诊断通常需要通过放射学检查。此外，对这些高血管性肿瘤进行针刺活检可能会有危险。

这些肿瘤的手术治疗对技术要求很高，而且会影响到患者的功能。因此，在过去几十年中，这些肿瘤的治疗模式发生了重大转变。对于大多数无症状的肿瘤，首选的方法是密切观察，定期进行影像学检查以监测肿瘤的生长情况。如果肿瘤明显或快速生长，则可能需要进行治疗，包括手术或明确的放射治疗。通常剂量较小的放射治疗会抑制肿瘤的生长，但不会使肿瘤消失。

在极少数情况下，这些肿瘤可能是功能性或恶性的，需要及早干预。在这种情况下，应彻底检查是否存在多发性肿瘤或转移性肿瘤，然后由多学科团队讨论制定综合治疗方案。