

PAROTID MASS

Alternative names: Spanish: Masa parotídea; Portuguese: Massa de parótida

Written by Luis Felipe Zanolli de Solminihac and Johan Fagan

Background Information

Definitions of levels of care (in this guideline)

- Level 1: Community healthcare worker/non-doctor
- Level 2: Medical doctor
- Level 3: ENT Surgeon

Definition

A discrete mass in the parotid gland is most commonly a salivary gland tumour, 80% of which are benign. It can also represent a lymph node within the parotid gland that can be inflammatory (eg Tuberculosis) or lymphoma or a metastasis most commonly from skin malignancies of the face or scalp.

Preferred treatment

- Well defined, mobile, clinically benign parotid neoplasm: partial parotidectomy with facial nerve preservation
- Doubt about diagnosis or suspected malignancy
 - Fine needle aspiration cytology (FNAC) to make a diagnosis (some do FNAC in all parotid masses)
 - Core needle biopsy if FNAC inconclusive and lymphoma or malignant neoplasm suspected
- If parotid neoplasm
 - CT or MRI: for fixed mass, suspected deep lobe extension or facial nerve weakness
 - Resect the mass by partial parotidectomy with preservation of facial nerve
- If tuberculosis: Treat medically
- If lymphoma: Refer to oncology/haematology for non-surgical management
- If metastatic skin cancer (squamous cell carcinoma or melanoma): Superficial or total parotidectomy with elective neck dissection Levels 2-3, or modified neck dissection if clinical cervical nodal metastases

Signs may include

- Mass in parotid gland
- Facial nerve weakness
- Associated parotid lymph nodes
- Cervical lymph nodes
- Current or previous skin cancers of the scalp or face

Examination and investigations

- If mass is a well defined, mobile, clinically benign parotid neoplasm: partial parotidectomy with facial nerve preservation

- If doubt about diagnosis or suspect malignancy
 - Fine needle aspiration cytology (FNAC) (some institutions do FNAC in all parotid masses)
 - FNA and TB culture/Gene Xpert if TB suspected
 - Core needle biopsy if FNAC inconclusive and lymphoma or malignant neoplasm suspected
- Facial nerve weakness (suggests malignant tumour)
- Associated parotid lymph nodes
- Cervical lymph nodes
- Current or previous skin cancers of the scalp or face
- Chest Xray for patients with malignancy, TB, lymphoma

Level 1: Refer to specialist surgeon

Level 2

- If doubt about diagnosis or suspect malignancy
 - FNAC (some do FNAC on all parotid masses)
 - FNA and TB culture/Gene Xpert if TB suspected
 - Core needle biopsy if FNAC inconclusive and lymphoma or malignant neoplasm suspected
- Refer to specialist surgeon

Level 3

- Well defined, mobile, clinically benign parotid neoplasm: partial parotidectomy with facial nerve preservation
- Doubt about diagnosis or suspect malignancy
 - FNAC to make a diagnosis (some do FNAC on all parotid masses)
 - Core needle biopsy if FNAC inconclusive and lymphoma or malignant neoplasm suspected

Management

Level 1

- Refer to a hospital that can do FNAC/core biopsy or resect tumour

Level 2

- Confirm diagnosis by needle aspiration
- If a neoplasm, refer to a hospital that can safely do parotidectomy with facial nerve preservation

Level 3

- Well defined, mobile, clinically benign parotid neoplasm: partial parotidectomy with facial nerve preservation
- Doubt about diagnosis or suspected malignancy
 - FNAC to make a diagnosis (some do FNAC on all parotid masses)
 - Core needle biopsy if FNAC inconclusive and lymphoma or malignant neoplasm suspected
- If parotid neoplasm
 - CT or MRI: for fixed mass, suspected deep lobe extension or facial nerve weakness
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- If tuberculosis: Treat medically
- If lymphoma: Refer to oncology/haematology for non-surgical management

- If metastatic skin cancer (squamous cell carcinoma or melanoma): Superficial or total parotidectomy with facial nerve preservation with elective neck dissection Levels 2-3, or modified radical neck dissection if clinical cervical nodal metastases

Further reading

1. African Head and Neck Society (AfHNS) Clinical Practice Guidelines for Parotid tumours and cancers in Developing Countries and Limited Resource Settings:
<https://developingworldheadandneckcancerguidelines.com/african-head-neck-society-afhns-clinical-practice-guidelines-for-parotid-tumours-and-cancers-in-developing-countries-and-limited-resource-settings/>
2. Fagan JJ: Parotidectomy:
<https://vula.uct.ac.za/access/content/group/ba5fb1bd-be95-48e5-81be-586fbaeba29d/Parotidectomy-1.pdf>