

Tilmelding af Foredrag

Foredragets titel

Surgeon-performed outpatient transoral and transcervical ultrasound for the diagnostic work-up of oropharynx cancer: a feasibility study

Forfatter(e)

Martin Garset-Zamani (1), Christian von Buchwald (1), Rikke Norling (2), Tina Klitmøller Agander (3), and Tobias Todsén (1)

Afdeling/praksis

1. Department of Otorhinolaryngology, Head and Neck Surgery and Audiology, Copenhagen University Hospital – Rigshospitalet, Copenhagen, Denmark.
2. Department of Radiology, Copenhagen University Hospital – Rigshospitalet, Copenhagen, Denmark.
3. Department of Pathology, Copenhagen University Hospital – Rigshospitalet, Copenhagen, Denmark.

Uddannelsesniveau

Martin Garset-Zamani, læge, phd-studerende

Introduktion

The incidence of Human Papillomavirus-associated oropharynx squamous cell carcinomas (OPSCCs) is increasing, resulting in more small tumors that are difficult to detect on cross-sectional imaging. We explored the addition of a new technique with transoral and transcervical ultrasound of the oropharynx for the diagnostic work-up of OPSCC in the outpatient clinic compared to magnetic resonance imaging (MRI).

Materiale/metode

Patients suspected of OPSCC were recruited from a tertiary cancer center in Denmark. Surgeon-performed transoral and/or transcervical ultrasound of the oropharynx was performed in the outpatient clinic. Sensitivity, specificity, positive- and negative predictive values (PPV, NPV) for primary tumor detection was calculated for ultrasound and MRI compared to biopsy results. Inconclusive tests were analyzed as positive due to clinical consequences e.g., diagnostic tonsillectomy. Primary tumor size was compared between ultrasound and MRI.

Resultater

Twenty-six patients were enrolled in the study of which 18 patients ended up with an OPSCC diagnose, two with lymphoma, one with adenoid cystic carcinoma and five were benign. The Sensitivity of ultrasound tumor detection was not statistically different to MRI (95% vs. 100%, $p=0.07$), while PPV (95% vs. 81%, $p<0.01$), NPV (80% vs. 0%, $p<0.01$) and Specificity (80% vs. 0%, $p<0.01$) were significantly greater for ultrasound. The correlation of tumor size between ultrasound and MRI was moderate ($R=0.61$) for all tumors and high ($R=0.78$) for small T1-T2 tumors.

Diskussion

Surgeon-performed ultrasound of the oropharynx is feasible and may improve the diagnostic work-up of patients suspected of OPSCC in the outpatient clinic. Further large multicenter studies are required to validate these results.

Forfatters fulde navn

Martin Garset-Zamani

Forfatters email

Martin.garset-zamani@regionh.dk