Re: “Effect of Piecemeal vs En Bloc Approaches to the Lateral Temporal Bone on Survival Outcomes”

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We read with great interest the article by Muelleman et al concerning piecemeal resection versus lateral temporal bone resection (LTBR) of T1-T3 squamous cell carcinoma (SCC). The authors state that piecemeal resection might be required in cases of low-lying tegmen or laterally placed vascular structures. In the >250 LTBRs performed by our group, these 2 anatomic constraints are exceedingly rare (<5%).

Anatomic constraints to standard en bloc LTBR are addressed with careful surgical technique. Low-lying tegmen is handled by following the middle fossa dura medially and anteriorly until the temporomanibular joint capsule is reached. In cases where this bone is <2 mm thick, the superior bony canal is drilled away, but the remaining canal is still intact, allowing en bloc resection. The high-riding jugular bulb and the laterally placed carotid artery present their own challenges. The high-riding jugular bulb is always medial to the facial nerve, and the facial nerve is generally preserved with en bloc LTBR. Thus, staying lateral to the facial nerve and working medial to the annulus allows the surgeon to surpass the high-riding jugular. The laterally placed carotid is slightly more difficult to handle and is why osteotomes are not used. Intraoperatively, the lateral carotid canal is identified in the middle ear after the hypotympanic air cells have been removed. The surgeon can then follow the carotid canal and drill between it and the annulus to complete the inferior canal cut.

The authors do not adequately describe their patient population. It is unclear if all cases were primary SCC of the ear canal or if they included external ear SCC, periauricular SCC, or metastatic SCC to the parotid gland that secondarily involved the ear canal. The authors omit other confounders between the groups, such as age, bone invasion, perineural invasion, and lymph node metastases. The reason for piece-meal resection is not included.

From an oncologic viewpoint, the follow-up time in this series is inadequate (median, 11 months; 40% with <4 months), given that the mean time to recurrence for SCC of the ear canal is 13 months but can be as long as 3 years. In fact, one is unable to determine if there is a simple difference in follow-up time between the groups. This article has too many deficiencies to make any conclusions regarding oncologic safety of such an approach.

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Disclosures
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References

In Reply to: “Effect of Piecemeal vs En Bloc Approaches to the Lateral Temporal Bone on Survival Outcomes”

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We appreciate the comments by Gidley et al on our “Effect of Piecemeal vs En Bloc Approaches to the Lateral Temporal Bone on Survival Outcomes.” Overall, we agree with their comments and would like to respond.