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Upper Esophageal Dysphagia 199

Neil N. Chheda

Esophageal dysphagia presents acutely, most frequently as a food impaction, or in a progressive fashion. Anatomic changes are frequently responsible. Although the history may be suggestive, diagnosis is made from imaging or endoscopic studies. In asymptomatic cases, observation is most appropriate. Treatment is frequently accomplished endoscopically. Strictures, cricopharyngeal hyperfunction, and Zenker diverticulum are potential etiologic causes. For the purpose of this article focused on upper esophageal dysphagia, delineation between the upper and lower parts is the crossing of the aortic arch but also includes the most distal aspects of the hypopharynx including the inferior pharyngeal constrictors and upper esophageal sphincter.

Management of Benign Salivary Gland Conditions 209

Kody Bolk, Kurt Mueller, Neelam Phalke, and Rohan R. Walvekar



Video content accompanies this article at <http://www.surgical.theclinics.com>

In this section, we discuss the management of benign salivary gland disease. Pathologies vary from sialolithiasis, salivary duct stenosis, sialadenitis, infectious glandular disease, autoimmune glandular disease, and radioactive iodine-induced disease. We discuss both novel techniques in the diagnosis and management of these diseases, including ultrasound, sialendoscopy, minor salivary gland biopsy, and botulinum toxin injection, which allow for both the alleviation of symptoms and gland preservation.

The Online Physician Image: A Brave New World 233

Jordan P. Sand

The online physician image is a point of emerging importance in the field of medicine. Online information has become critically important to patients who are seeking out care. Leaving online reviews has become a common practice among patients and as such, physician practices have embraced the use of social media to help grow their online presence. In addition, attention to online review sites has come to be an important part of protecting a physician's image. This article will discuss the importance of engaging the physician online review sites and help identify strategies for reviewing and improving a physician's online image.

- Head and Neck Radiation Therapy: From Consultation to Survivorship and Future Directions** 241
- Zachary David Guss
- Radiation therapy is a key component of care for many patients diagnosed with head and neck cancer. This article reviews the steps involved from initial consultation with a radiation oncologist through treatment planning, treatment delivery, and follow-up. It also highlights areas of active investigation that seek to improve oncologic outcomes or reduce toxicity relative to standard of care.
- Contemporary Management of Primary Hyperparathyroidism** 251
- Lauren Slattery and Jason P. Hunt
- Primary hyperparathyroidism can be asymptomatic or symptomatic, as well as classic, normocalcemic, or normohormonal. It is important to rule out other causes of hypercalcemia or hyperparathyroidism. Preoperative localization with imaging is necessary for a minimally invasive approach and can be helpful even if planning 4-gland exploration. There are a variety of intraoperative techniques that can assist with localization as well as confirming success. Standard of care remains surgical resection of affected glands. However, there are less invasive management strategies that can be considered for poor surgical candidates.
- Update on Tracheostomy and Upper Airway Considerations in the Head and Neck Cancer Patient** 267
- Grace M. Wandell, Albert L. Merati, and Tanya K. Meyer
- Patients with head and neck cancer account for a large proportion of perioperative airway events. Further, these patients frequently require tracheostomy placement, which is one of the most common surgical procedures. This article reviews updated techniques in managing a difficult airway in patients with head and neck cancer, such as strategies for intubation/ex-tubation, methods of tubeless laryngeal surgery, and techniques and relevant topics in tracheostomy management.
- Workup and Management of Thyroid Nodules** 285
- Derek A. Escalante and Kelly G. Anderson
- Thyroid nodules are extremely common findings with a low likelihood of harboring a clinically significant malignancy. Ultrasound is highly sensitive at identifying which nodules warrant further workup with fine needle aspiration (FNA) biopsy. FNA should be performed based on US findings and risk categories. The Bethesda system should be used to classify FNA results. Molecular testing may be offered if the results are likely to change the therapeutic approach. Clinicians should be keenly aware of the potential for overtreatment and should make a concerted effort to factor patient values into the decision-making process.

Oral Cancer: What the General Surgeon Should Know 309
Cassie Pan and Zain Rizvi

Oral cavity cancer represents a heterogeneous group of cancers with unique etiologic, diagnostic, and treatment considerations based on the subsite. While decreases in smoking have resulted in the development of fewer oral cavity cancers, the incidence remains high in certain geographic areas. History and physical examination, as well as tissue biopsy, are key to diagnosis. Although surgical resection is the primary treatment modality for oral cavity cancer, the optimal treatment plan for a patient is an individualized approach accounting for comorbidities, goals of care, and functional outcomes related to speech and swallowing.

Management of Malignant Salivary Gland Conditions 325
John Pang and Jeffrey J. Houlton

Salivary cancers are rare tumors that arise in major and minor salivary glands. Workup almost always includes fine-needle aspiration or core needle biopsy in select cases. Imaging with ultrasound, computed tomography, or MRI is also helpful, particularly with MRI to assess facial nerve involvement or skull base involvement. Preserving function of the facial nerve is of paramount importance, and the standard of care is to not sacrifice facial nerve except in instances of gross encasement and inability to dissect tumor off of the nerve. Adjuvant radiation and chemotherapy offer survival advantages for select patients.