UNIVERSITÄTS KLINIKUM jena

Klinik und Poliklinik für Hals-, Nasen- und Ohrenheilkunde

Kopfspeicheldrüsen

© sven.koscielny@med.uni-jena.de

Sialolithiasis

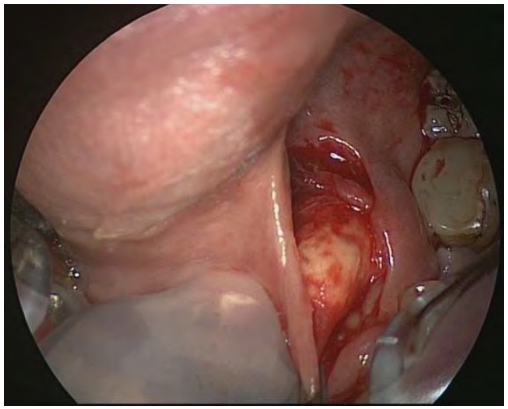
- mechanische Obstruktion des Ausführungsganges
- häufigste Ursache für einseitige Drüsenschwellung
- Inzidenz: Escudier & McGurk 1:15-20 000
  Marchal & Dulgurerov 1:10-20 000
- häufigster Grund für OP Gl. submandibularis
- Pathogenese unklar (Elektrolyt-/Ionenstörung im Speichel,
- Gicht, Wasserhärte, Tabak…)
- Klinik: postprandiale Schwellung, Schmerzen

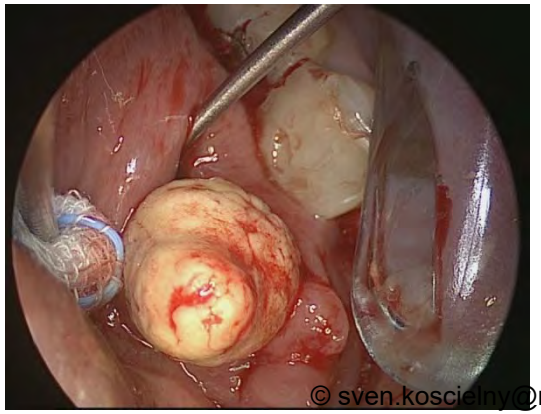
© sven.koscielny@med.uni-jena.de

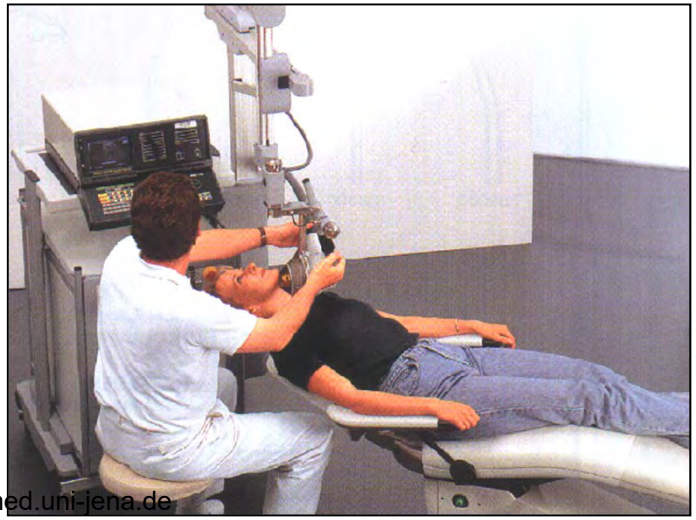
Sialolithiasis

- Erkrankungsgipfel 3.-5. Dekade
- Parotis >10%, Submandibularis >80% (muzinöseres Sekret)
- Steine organische + anorganische Bestandteile
- Therapieziel: 1. Steinfreiheit

  2. Organerhalt



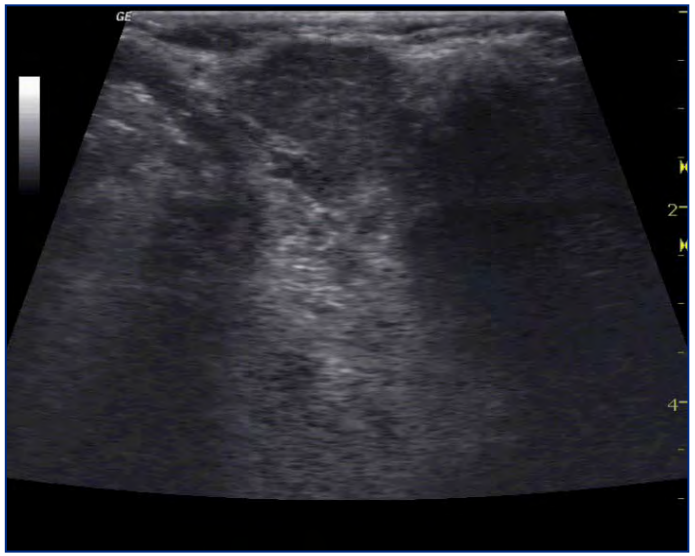


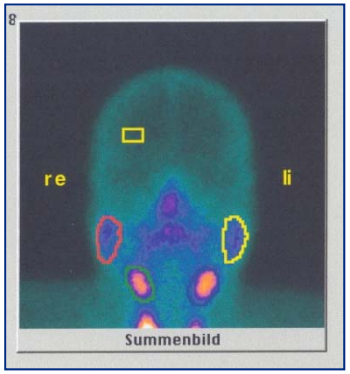


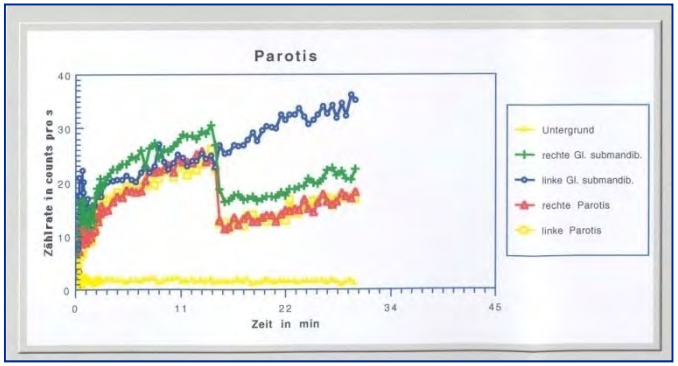
© sven.koscielny@med.uni-jena.de

Sialolithiasis

- B-Sonografie = Diagnostik der Wahl
- Stellenwert der Röntgendiagnostik?
- Speicheldrüsenszintigrafie





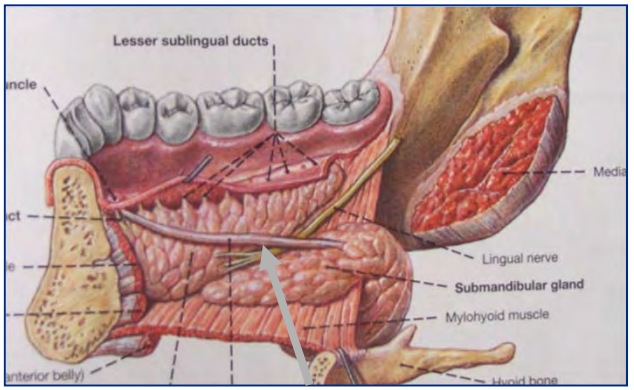


© sven.koscielny@med.uni-jena.de

Sialendoskopie

Wharton‘s

ductus submandibularis
0,5-2,2 mm



Stenon‘s

ductus parotideus
0,5-1,4 mm

© sven.koscielny@med.uni-jena.de

Sialendoskopie

Indikationen

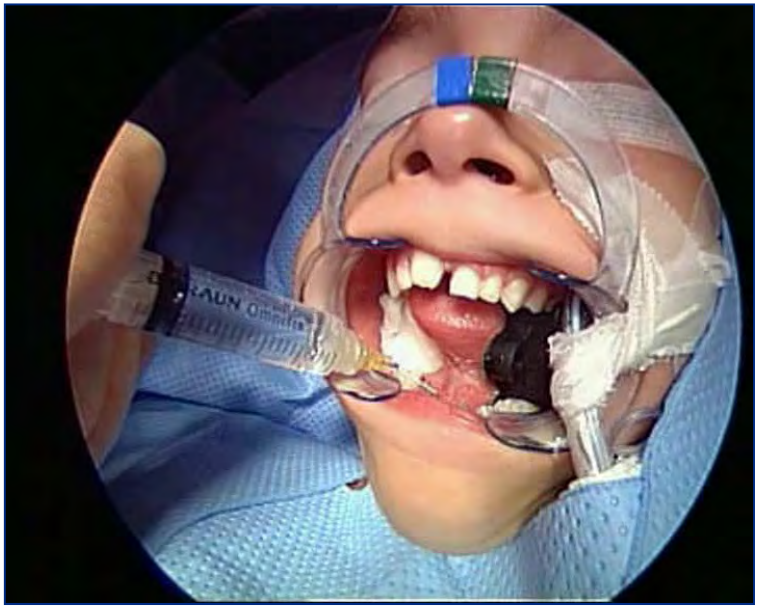
1. Siallithiasis
2. chronische Sialadenitis
3. Verdacht auf Gangstrikturen
4. (intraduktale Fremdkörper)

© sven.koscielny@med.uni-jena.de

Sialendoskopie

Technik

1. schrittweise Dilatation des Ostiums
2. kontinuierliches Spülen
3. Beginn mit der Endoskopie
4. Lokalanästhesie möglich



© sven.koscielny@med.uni-jena.de

Sialendoskopie

Normalbefunde

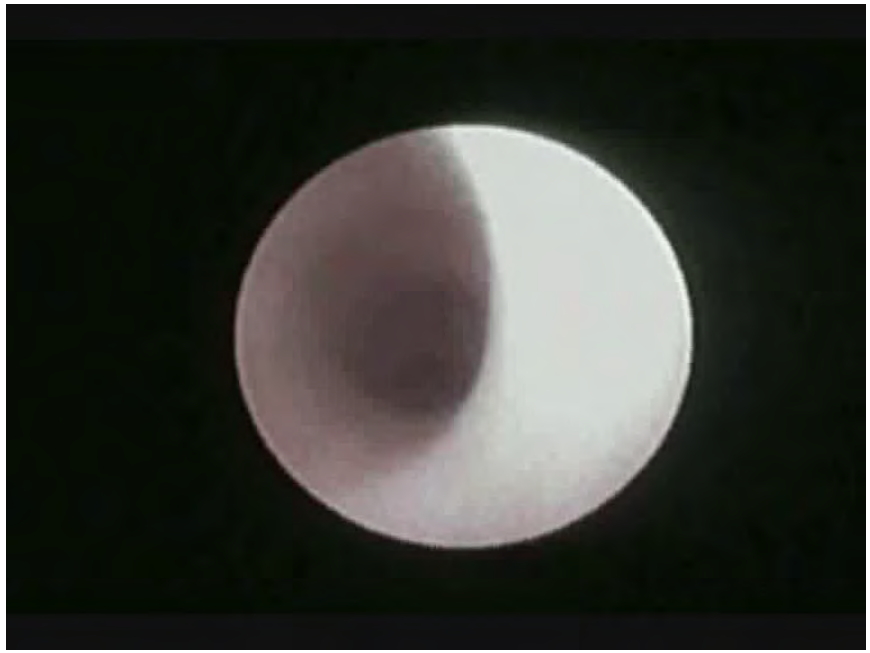
Komplikationen

Gangperforation

Pathologische Befunde

Stenosen, Mukus

Konkremente



© sven.koscielny@med.uni-jena.de

Sialendoskopie

- **Normalbefunde**

Komplikationen

Gangperforation

Pathologische Befunde

Stenosen, Mukus

Konkremente

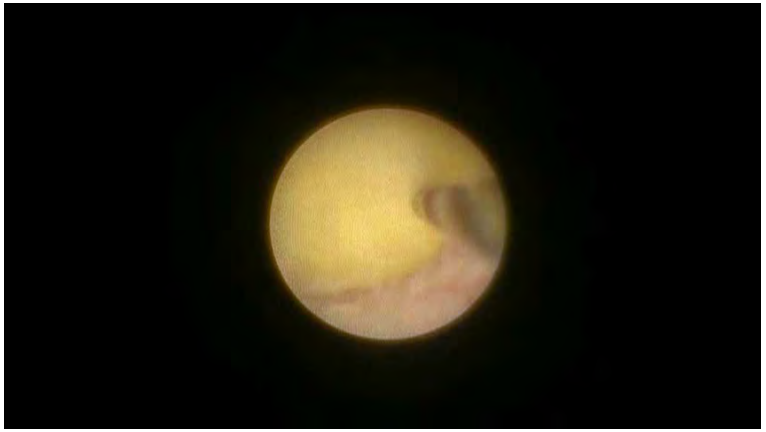
© sven.koscielny@med.uni-jena.de

Sialendoskopie

- **Normalbefunde**

  Komplikationen
  – Gangperforation

  Pathologische Befunde
  Stenosen, Mukus
  Konkremente



© sven.koscielny@med.uni-jena.de

Sialadenosen

überwiegend Gl. parotis

Genese: - Hormonstörung
- dystroph-metabolisch
- medikamentös,
- Störung vegetative Innervation

Therapie: - Symptomatisch
- Mundhygiene

,

© sven.koscielny@med.uni-jena.de

Trauma

Sehr selten

Gefahren: Verletzung N. facialis

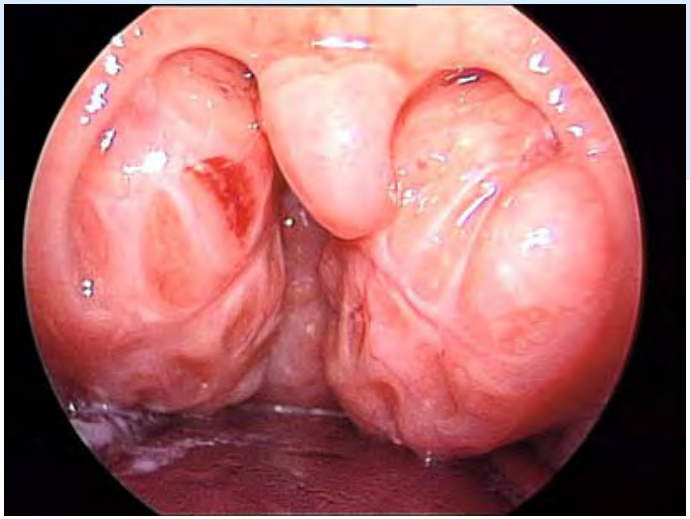
Speichelfistel

© sven.koscielny@med.uni-jena.de

UNIVERSITÄTS KLINIKUM jena

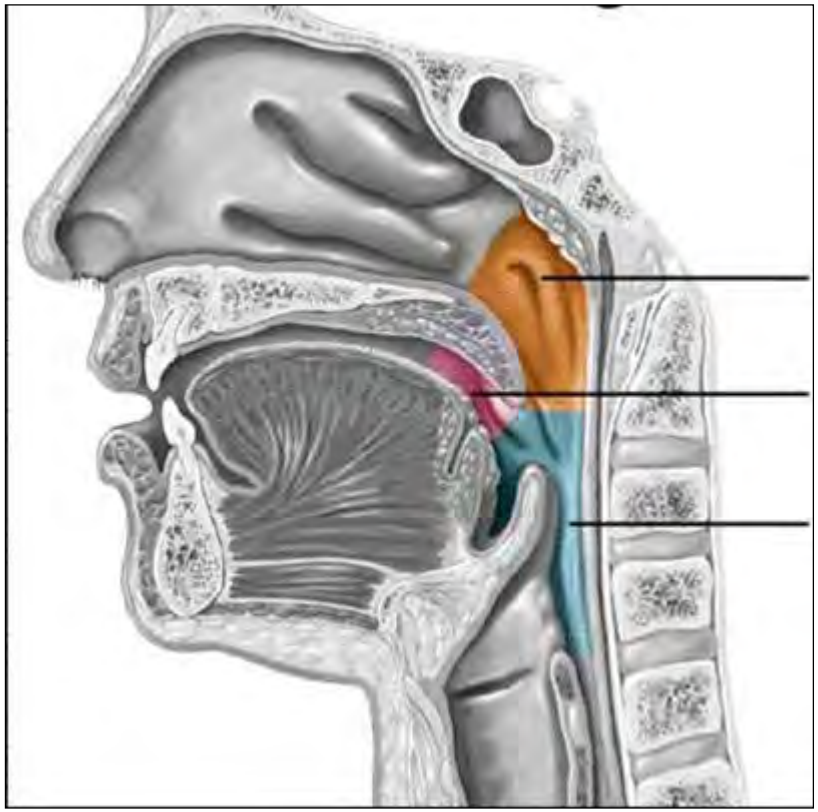
Klinik und Poliklinik für Hals-, Nasen- und Ohrenheilkunde

Tumoren Pharynx/Mund



© sven.koscielny@med.uni-jena.de

Anatomie



Epipharynx

Oropharynx

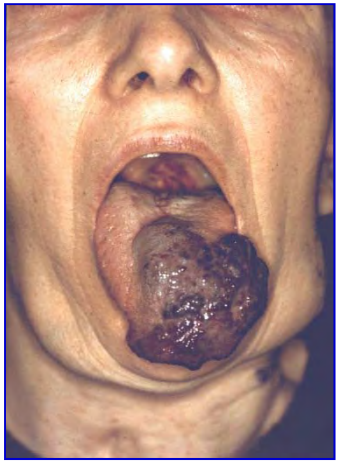
Hypopharynx

© sven.koscielny@med.uni-jena.de

Benigne Tumoren

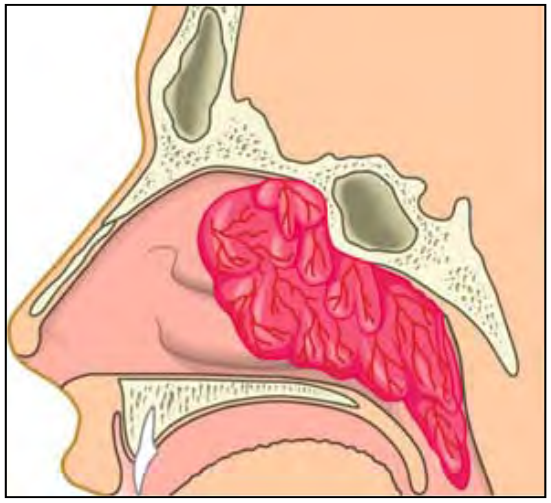
- Fibrome
- Hämangiome
- Lymphangiome
- Papillome
- Zungengrundstruma
- „Eisbergtumoren“ (parapharyngeale Tumoren)

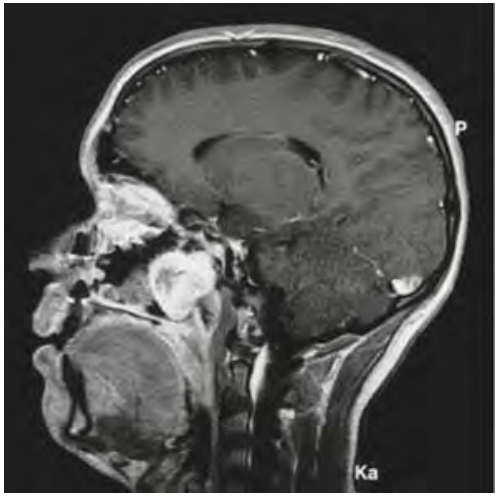
- Ameloblastom
- Odontom
- Midline-Granulom

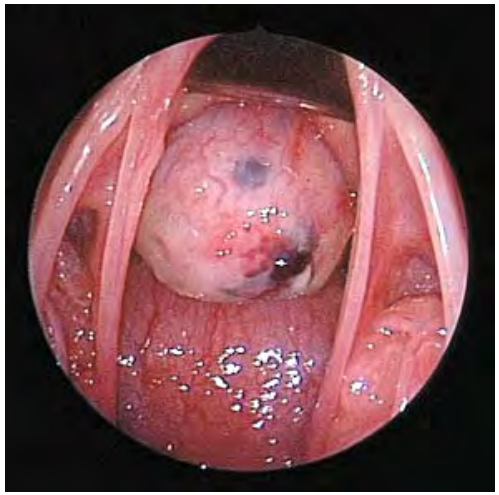


© sven.koscielny@med.uni-jena.de

Juveniles Nasenrachenfibrom

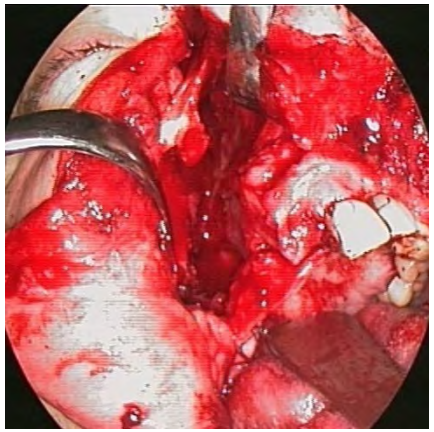


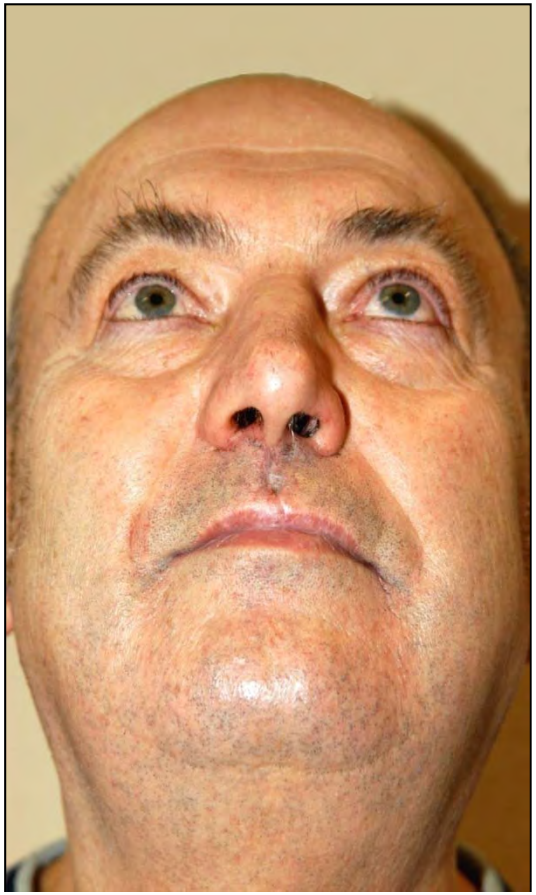




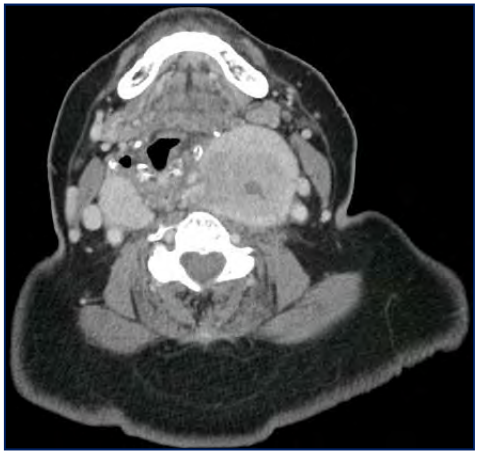
© s a.de

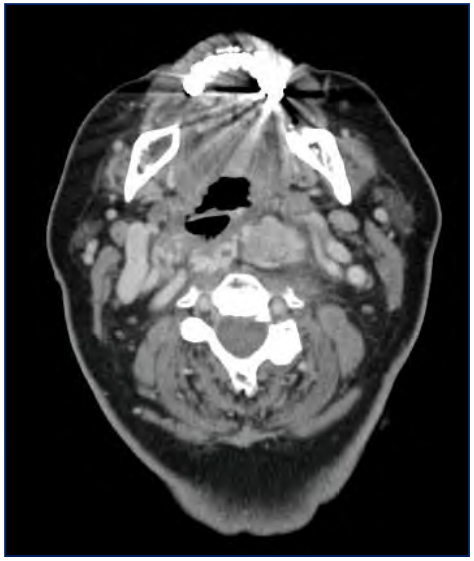
Ameloblastom

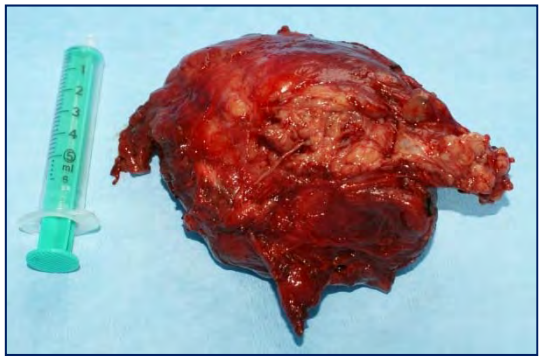




Tu des Pharynx?







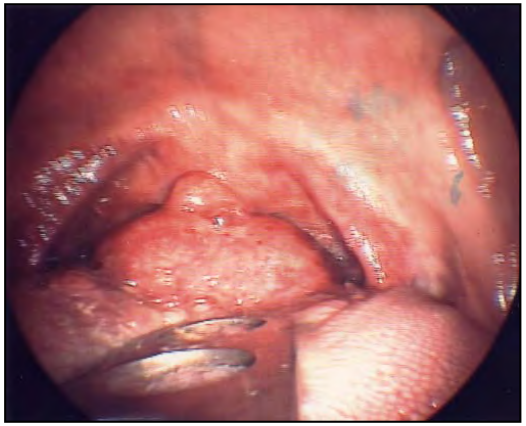
© sven.koscielny@med.uni-jena.de

Tu des Pharynx?

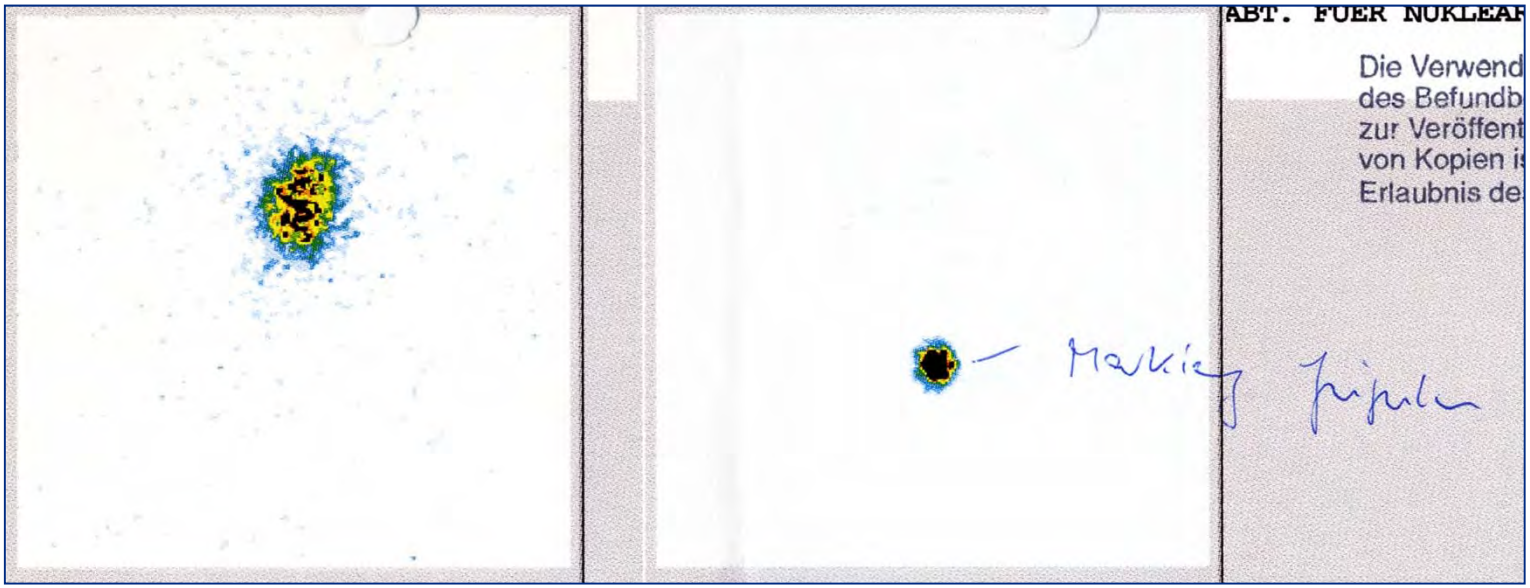
© sven.koscielny@med.uni-jena.de

Patient – Erstvorstellung 1995

- Anamnese: Fremdkörpergefühl, Dysphagie
- Befund: ca. 3 cm großer, kugeliger, glatter Tumor im Zungengrund
- Szintigraphie: in Projektion auf den Zungengrund homogen aktivitätsbelegtes Speichergebilde; episternal fehlende Aktivitätsanreicherung
- CT mit KM: 3 x 4 x 5 cm große, gefäßreiche Raumforderung in der Mitte des Zungengrundes; in der Regio thyreoidea keine Schilddrüse
- Paraklinik: TSH, fT3, T4 und PTH im Normbereich



Patient – Erstvorstellung 1995



T3 = 1.8 nmol/l
TSH = 3.6 mU/l
FT4 = 14.9 pmol/l

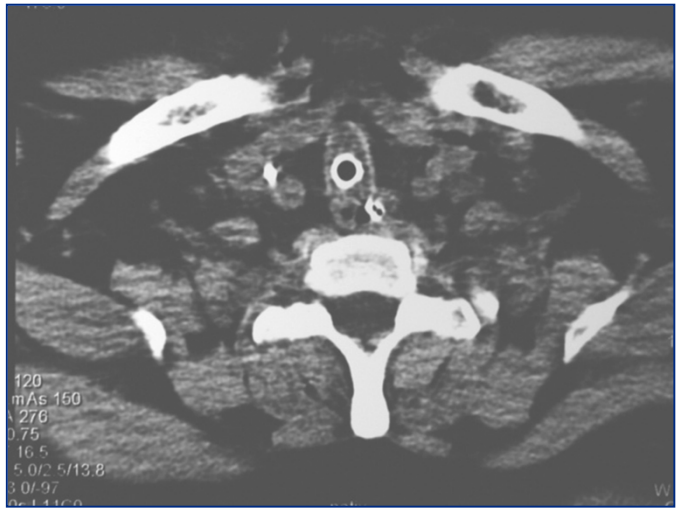
REFERENZWERTE:

	TSH (mU/l) basal	TSH (mU/l) stimuliert	T3 (nmol/l) 1)	T4 1)	FT4 (pmol/l)
Schilddrüsen-gesunde Normalpersonen	0,3 - 4	3 - 25	1,2-3,1	58-154	10-25
Hyperthyreose	< 0,1	< 0,1			> 30
Primäre Hypothyreose	> 4	> 25			< 8

© sven.koscielny@med.uni-jena.de

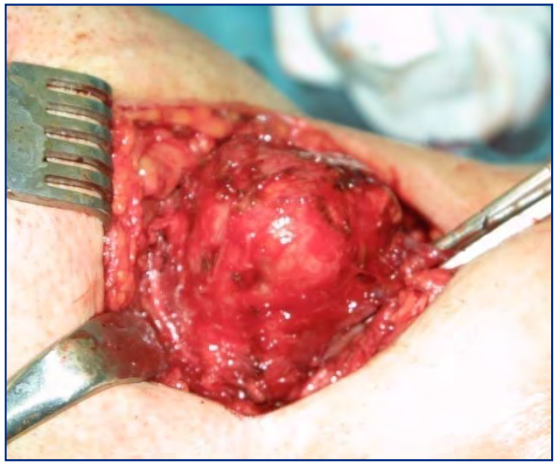
Patient – Wiedervorstellung

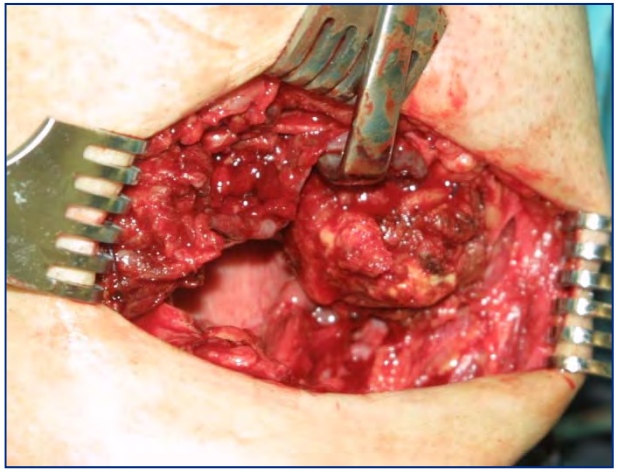
- im Rahmen einer herzchirurgischen OP konnte der Patient nicht extubiert werden,
- CT – Tumor Zungengrund
- Therapie Tracheotomie, Weaning Verlegung HNO UKJ



© sven.koscielny@med.uni-jena.de

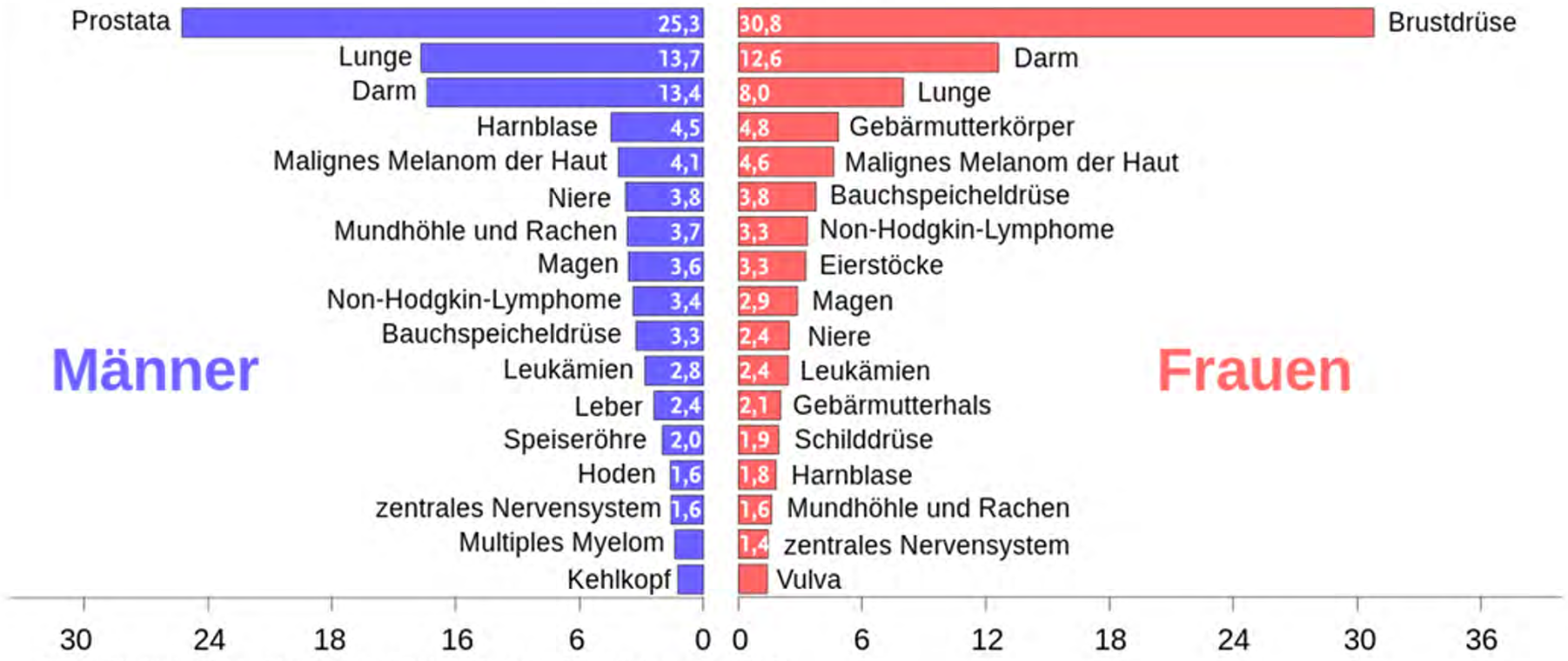
Patient – Wiedervorstellung





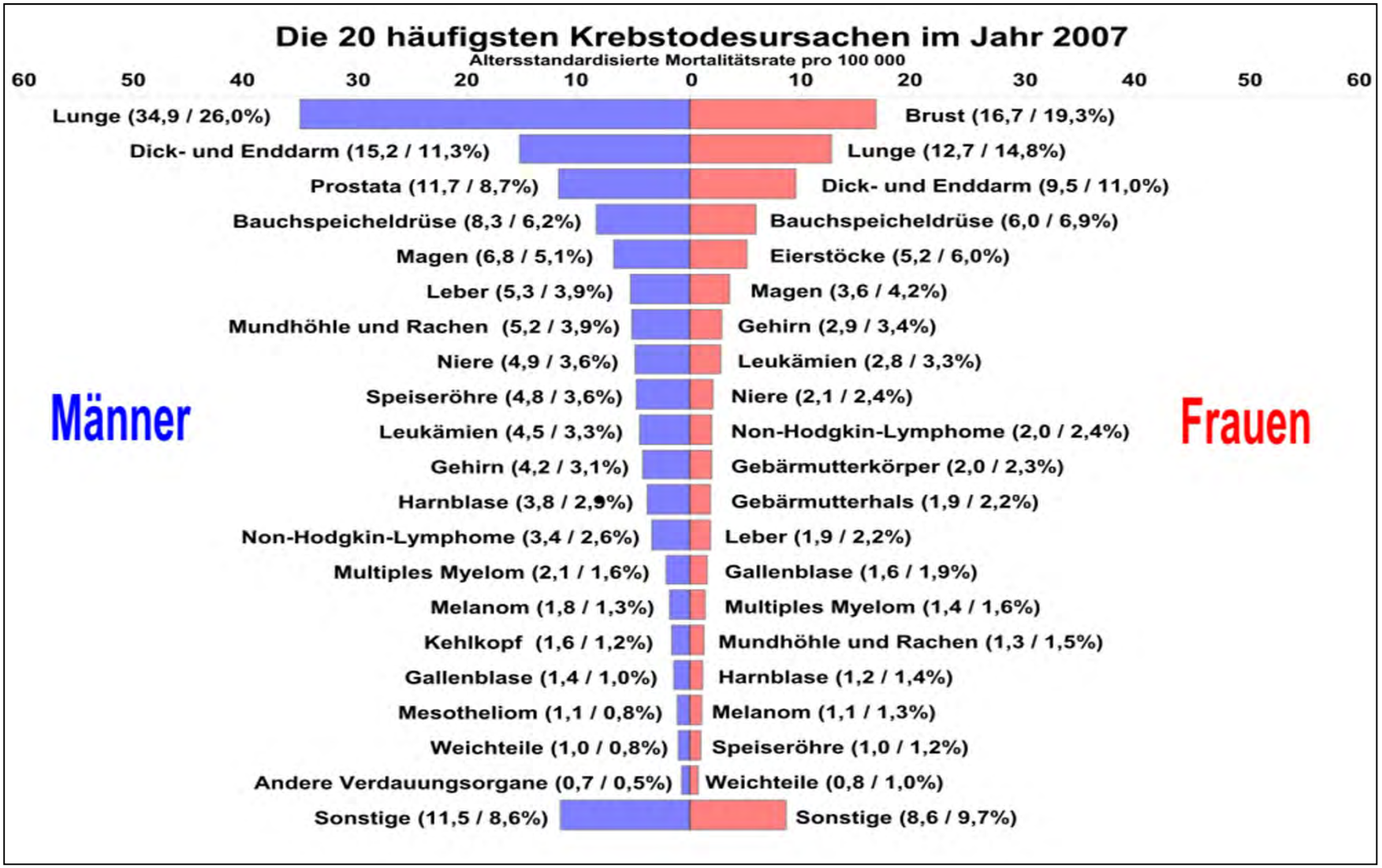
© sven.koscielny@med.uni-jena.de

Prozentualer Anteil der häufigsten Tumorlokalisationen an allen Krebserkrankungen in Deutschland 2012 (ohne nicht-melanotischen Hautkrebs)

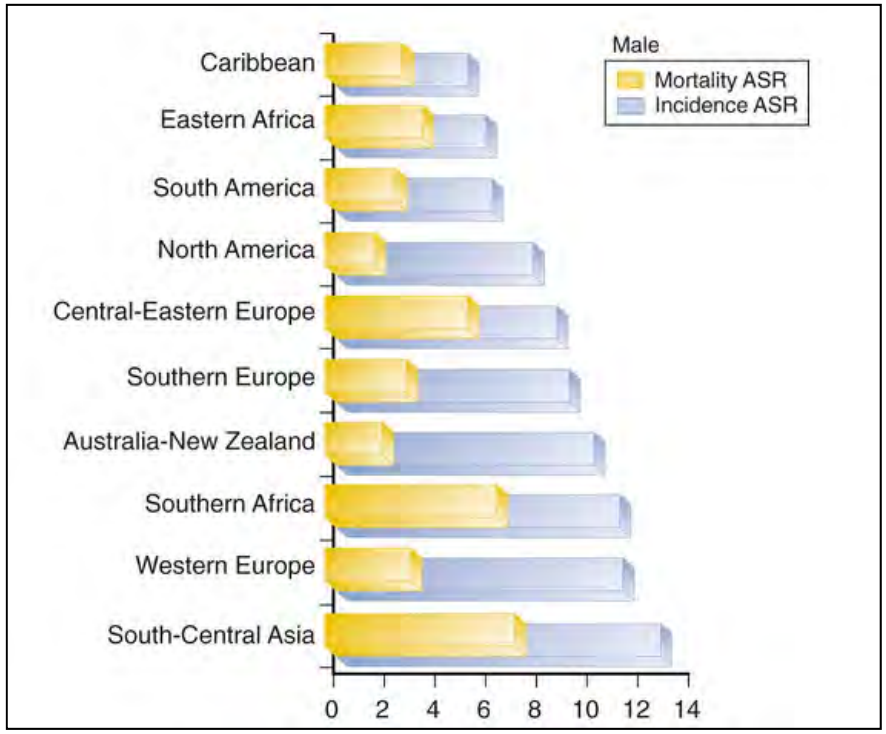


Quelle: Krebs in Deutschland , Hrsg.: Robert Koch Institut, 10. Ausgabe 2015)

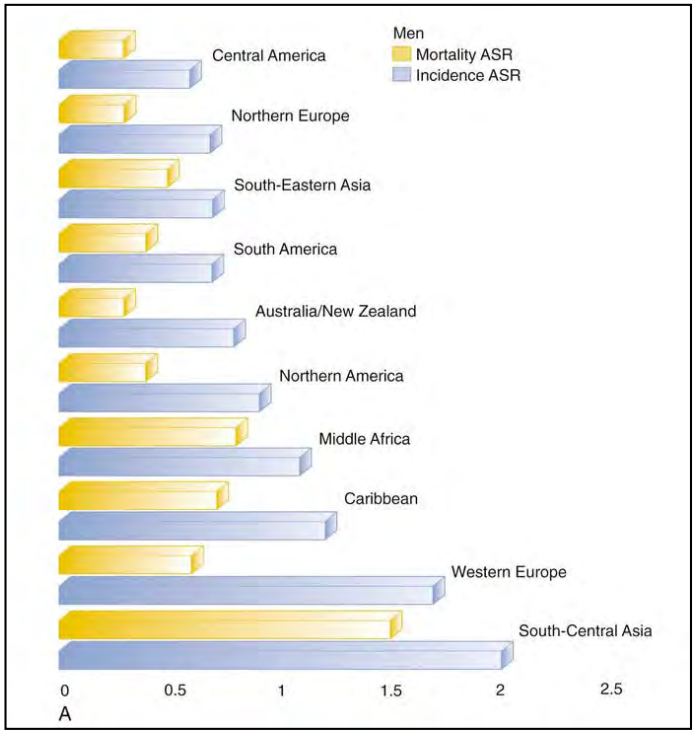
© sven.koscielny@med.uni-jena.de



© sven.koscielny@med.uni-jena.de



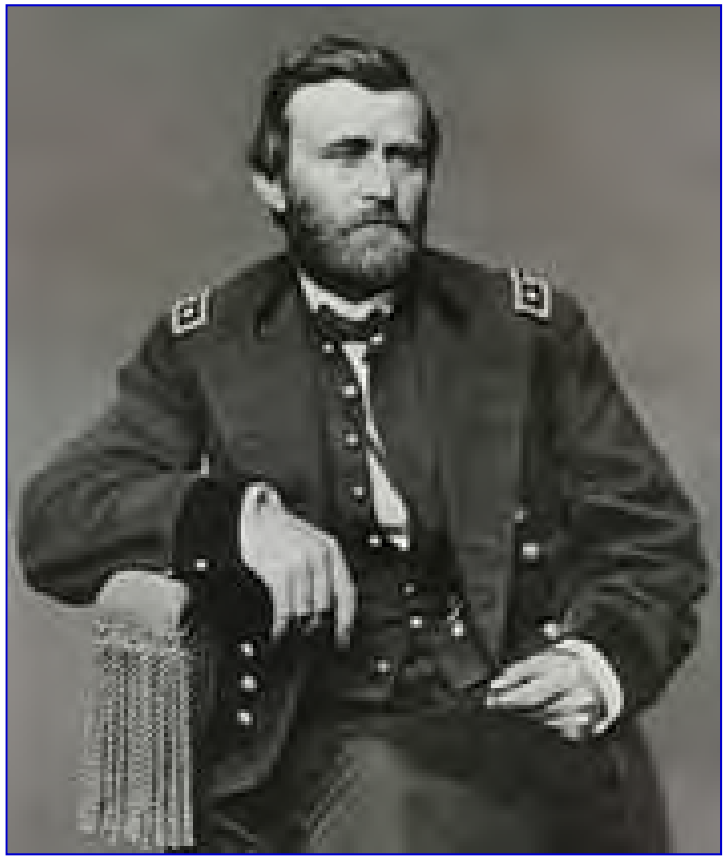
Mundhöhle



Oropharynx

© sven.koscielny@med.uni-jena.de

Historie

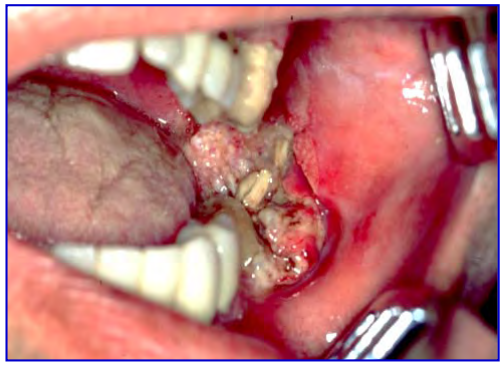


Ulysses S. Grant

- siegreicher General im amerikanischen Bürgerkrieg
- 18. Präsident der Vereinigten Staaten
- Juni 1884: „nagging discomfort in the throat“- Zungengrundkarzinom
- am 23. Juli 1885 verstarb General Grant

© sven.koscielny@med.uni-jena.de

Maligne Tumoren



- Plattenepithelkarzinome
- Adenokarzinome
- Adenoidzystische Karzinome
- Lympho-epitheale Karzinome
- maligne Lymphome

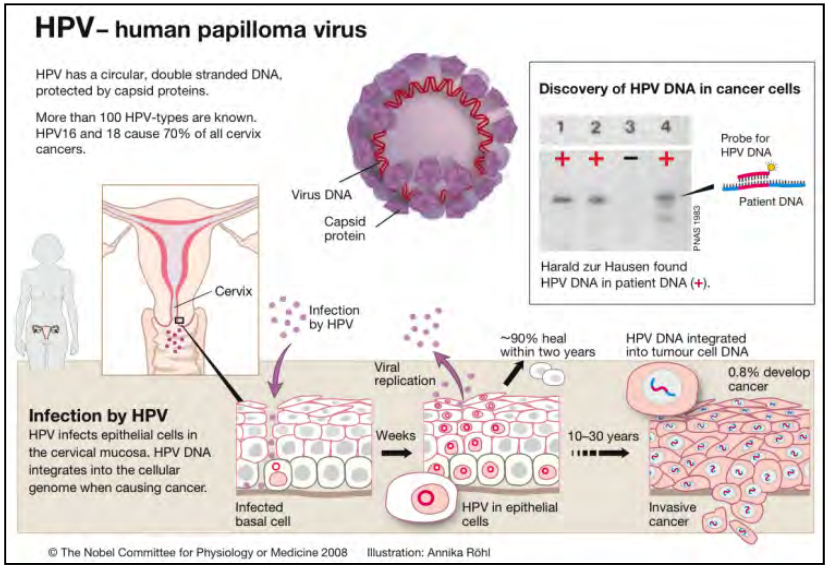
Lokalisation*:*

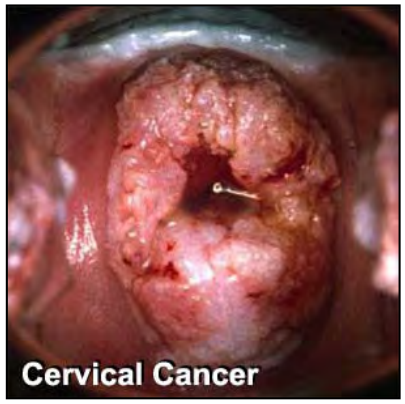
- Lippe -90 % Unterlippe (Pfeifenraucher)
- Mundhöhle (Mundboden/mobile Zunge)
- Oropharynx (Tonsillen/Zungengrund/ Rachenhinterwand/Gaumen)
- Hypopharynx
- Epipharynx

© sven.koscielny@med.uni-jena.de

Infektion HPV

- Harald zur Hausen Nobelpreis 2008 – HPV-Infektion und Cervixkarzinom





- Erstbeschreibung Zusammenhang HPV – SCHNCC (Syrjanen et al. 1983)

© sven.koscielny@med.uni-jena.de

Rauchen ist krebserregend!
...mir doch egal was nen Krebs geil macht...

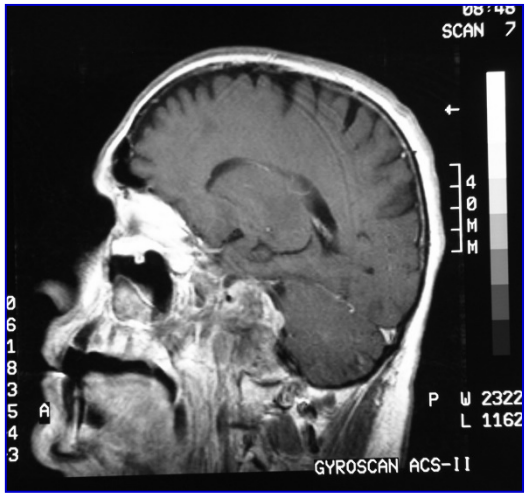
Rauchen verursacht
Mund-, Rachen-
und Kehlkopfkrebs

Tun

Wer sagt, dass Rauchen schädlich sein soll?
Ich bin 41 und fühle mich blendend!
www.jumpradio.de

de

Tumoren Epipharynx



- Plattenepithelkarzinome
- undifferenzierte Karzinome
- lymphoepitheale Karzinome
- Südchina häufiger (EBV-Infektion)

Erstsymptome:

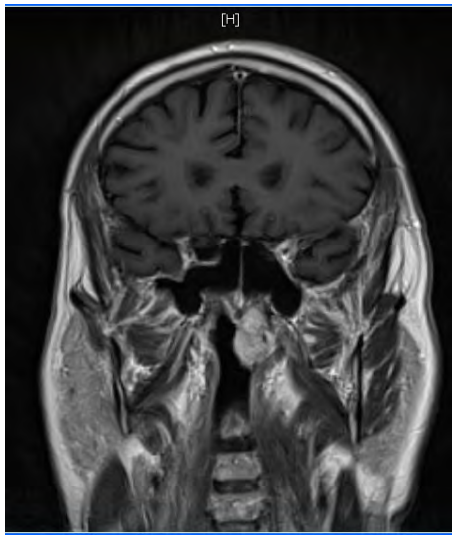
- Schalleitungsschwerhörigkeit
- LKS Hals

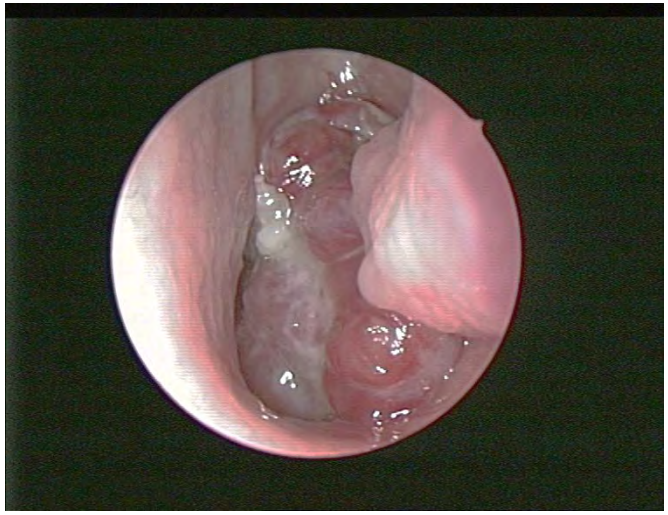
Therapie:

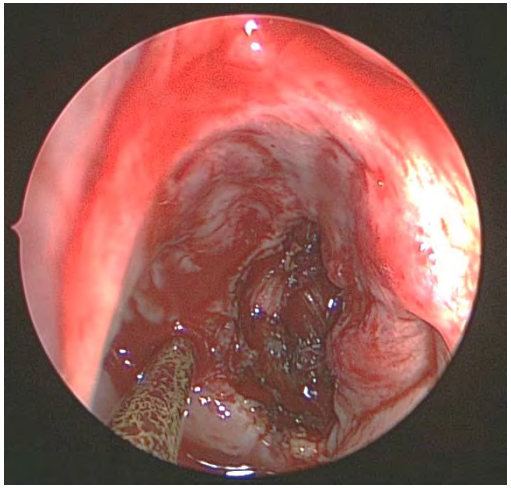
- Radio- oder Radiochemotherapie
- ggf. Neck Dissektion

© sven.koscielny@med.uni-jena.de

Tumoren Epipharynx

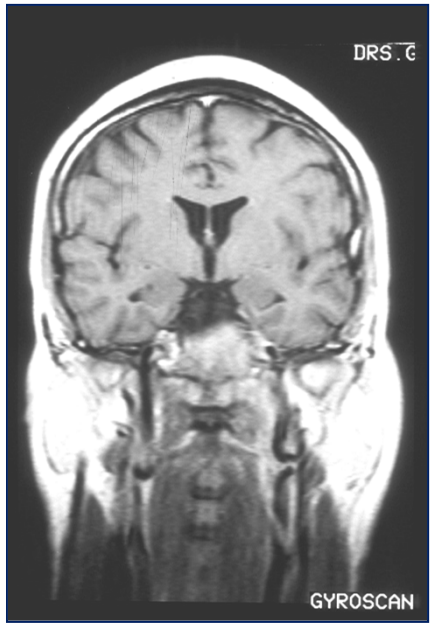


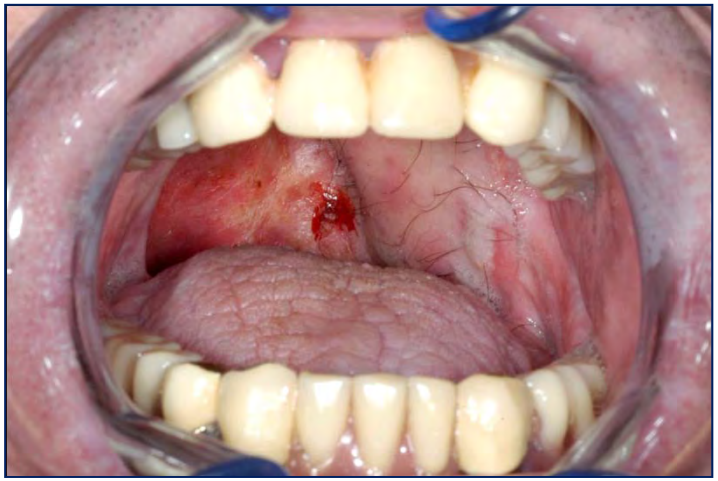




© sven.koscielny@med.uni-jena.de

Tumoren Epipharynx – postradiogene Nasenrachenstenose





© sven.koscielny@med.uni-jena.de

© sven.koscielny@med.uni-jena.de

Therapieprinzipien

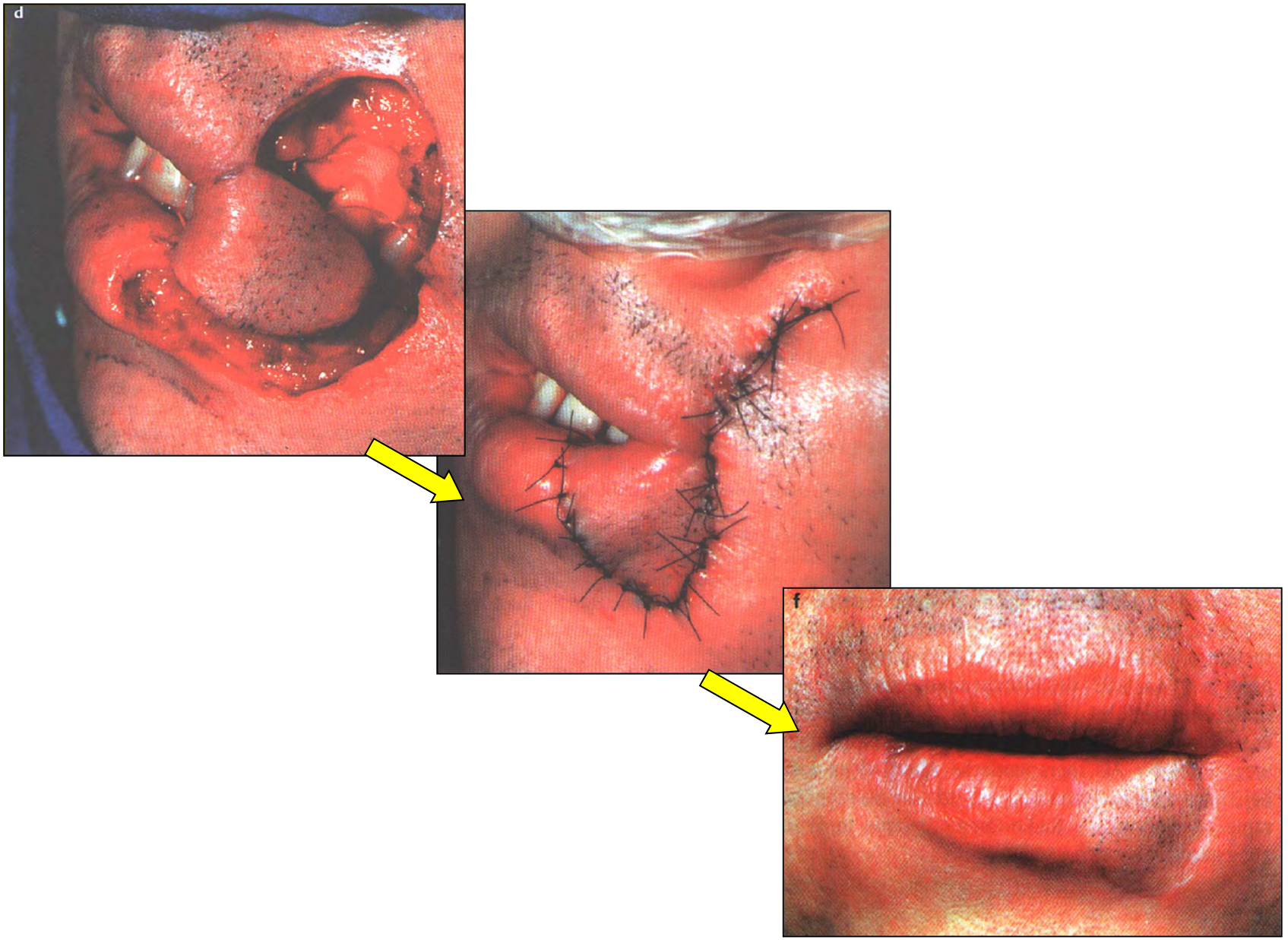
Therapie:

- Lippenkarzinome - chirurgisch/ggf. radiologisch

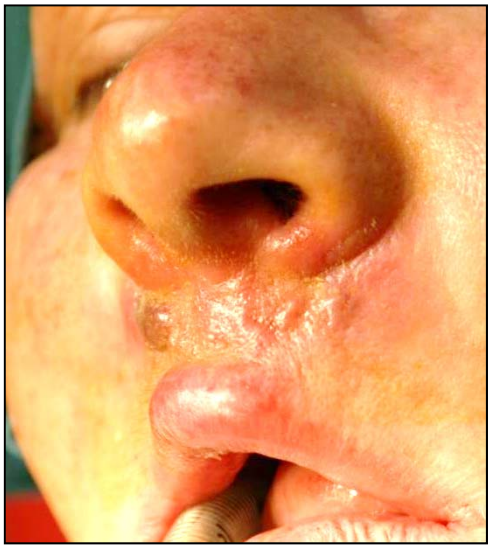
- Mundhöhle
  - T1 - chirurgisch oder radiologisch
  - > T1 - chirurgisch + radiologisch
- Oropharynx - s. o.

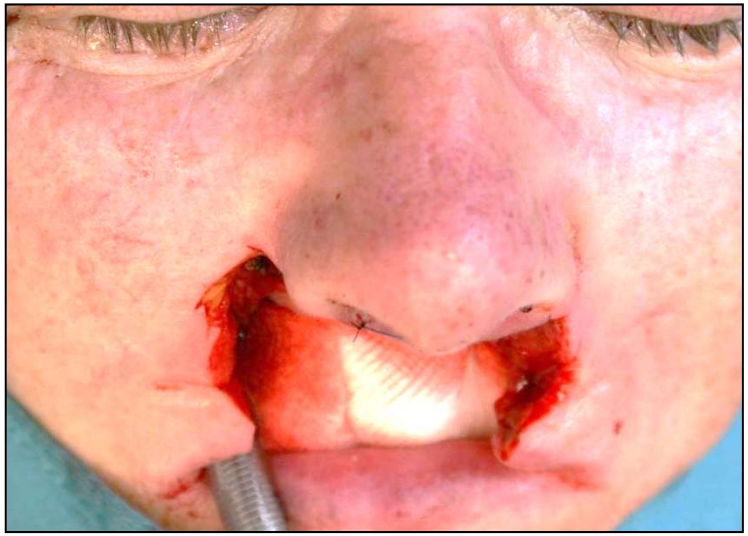
Mundhöhle/Oropharnyx - Problem der Rekonstruktion

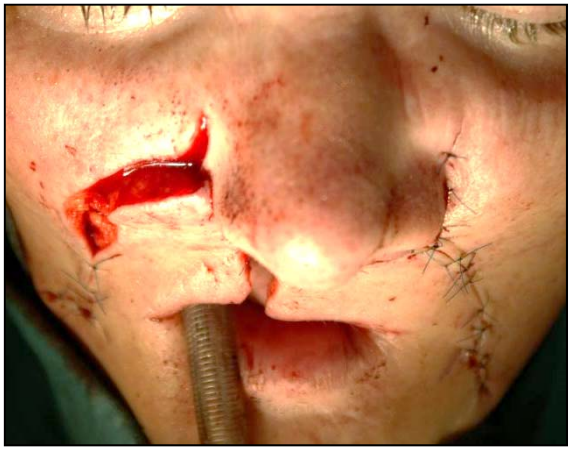
© sven.koscielny@med.uni-jena.de



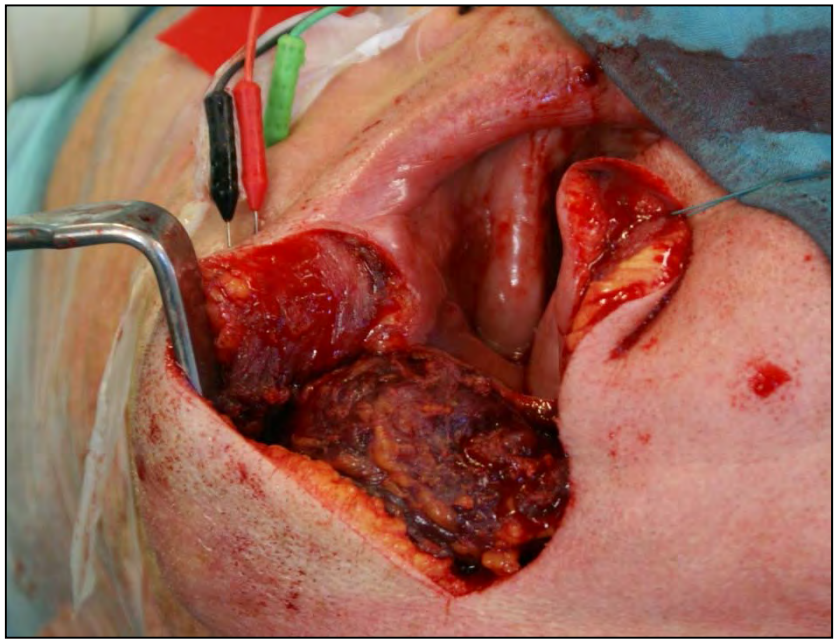
© sven.koscielny@med.uni-jena.de

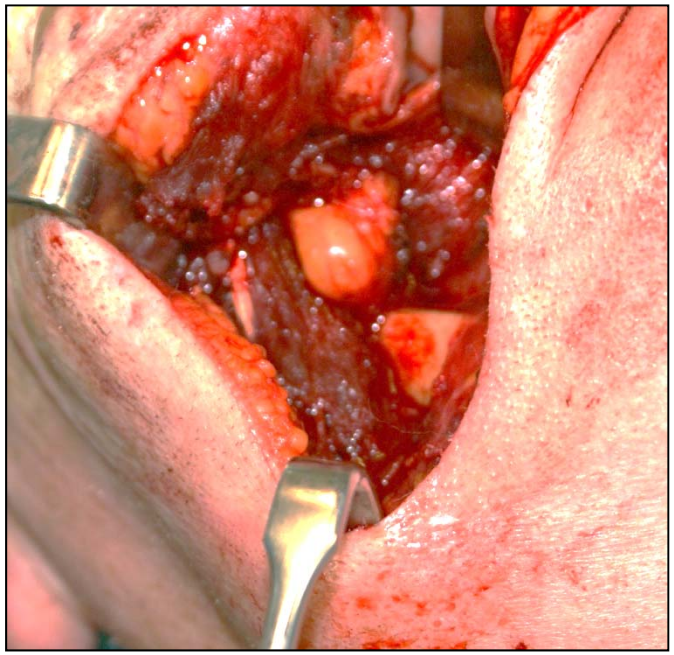






© sven.koscielny@med.uni-jena.de





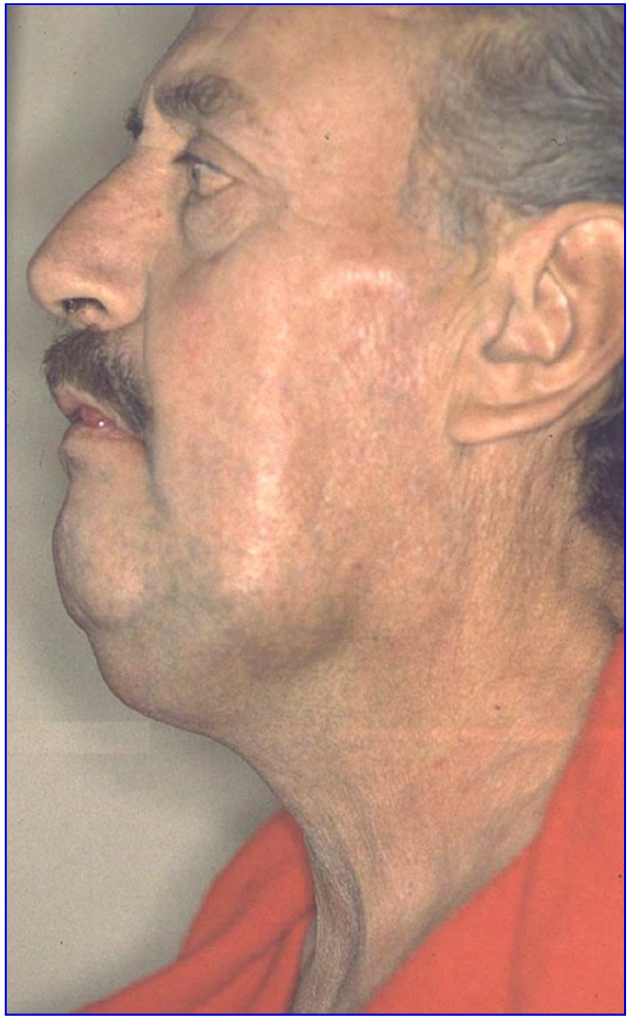
© sven.koscielny@med.uni-jena.de

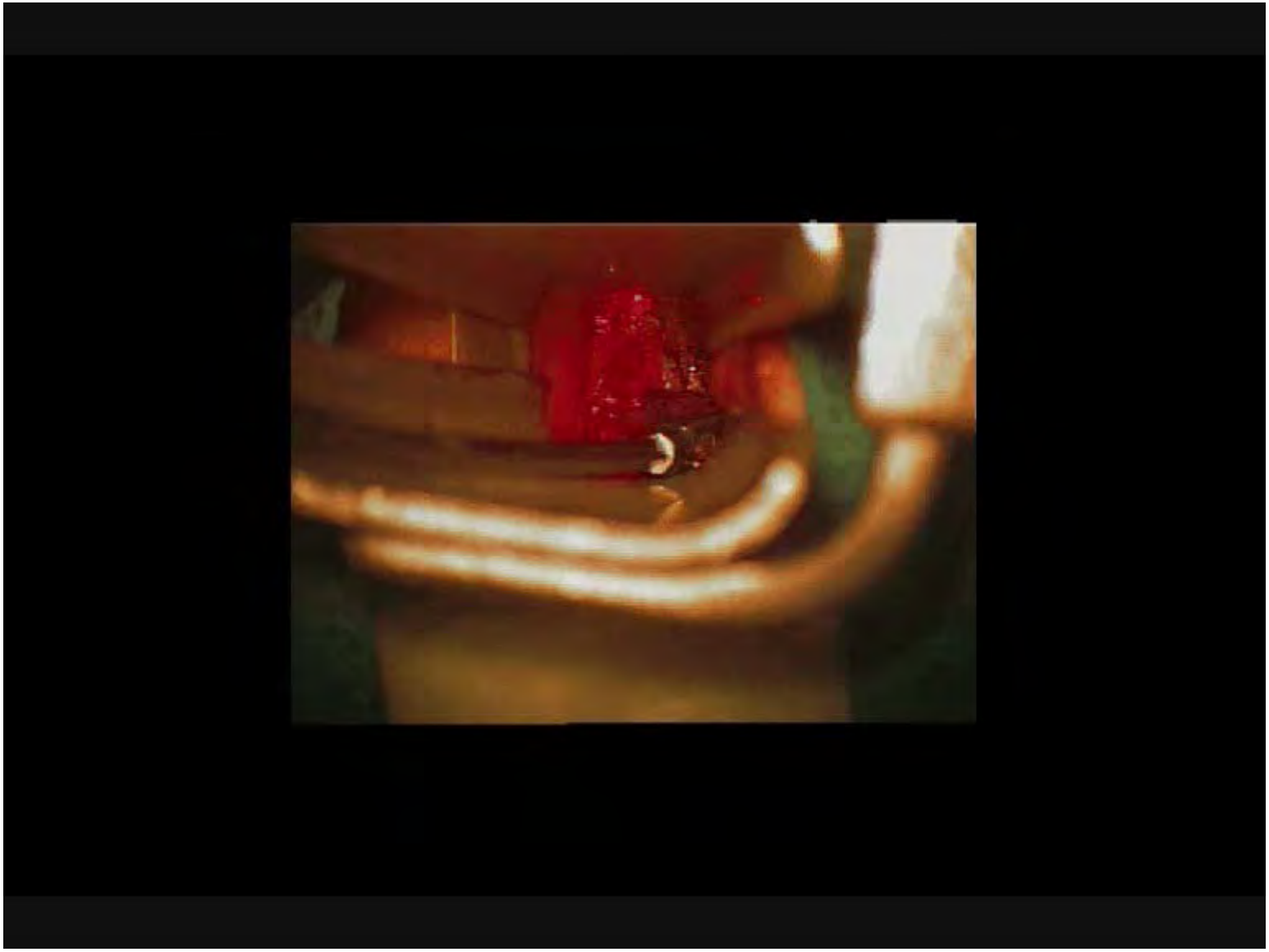
© sven.koscielny@med.uni-jena.de

Mundhöhlenkarzinom T4bN2cM0

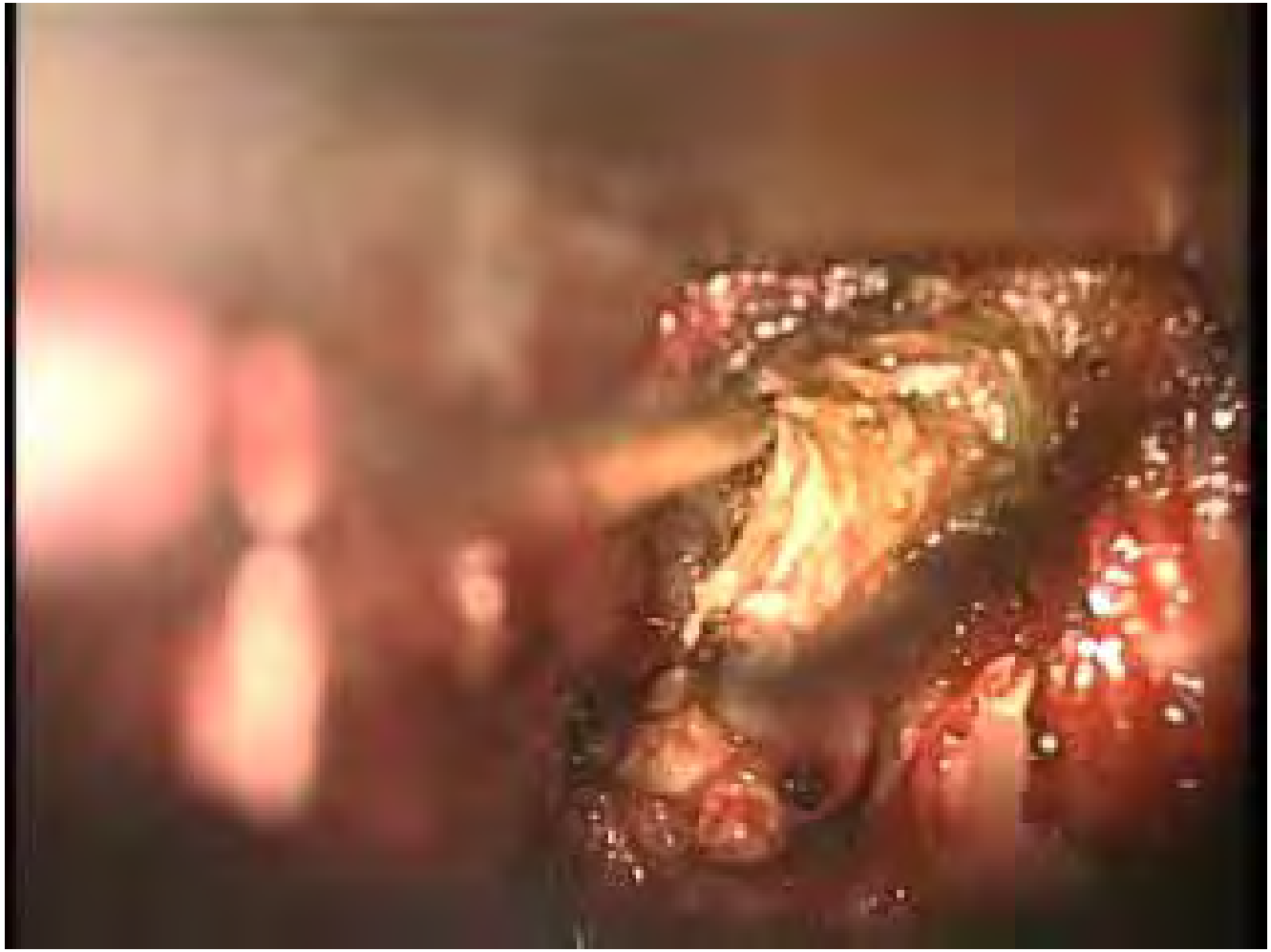
ausgedehnter Tumor mit großflächiger

Infiltration Mundboden, fixierte Zunge





© sven.koscielny@med.uni-jena.de



© sven.koscielny@med.uni-jena.de

Mundhöhlenkarzinom Zustand posttherapeutisch

© sven.koscielny@med.uni-jena.de

Wiederherstellung der Schluckfunktion

Rekonstruktion des Pharynxdefektes mit:

- lokaler Schleimhaut
- lokalen, myokutanen oder muskelären Schwenklappen
- gestielten myokutanen oder myofacialen Lappen
- mikrovaskulär reanastomisierte Lappen

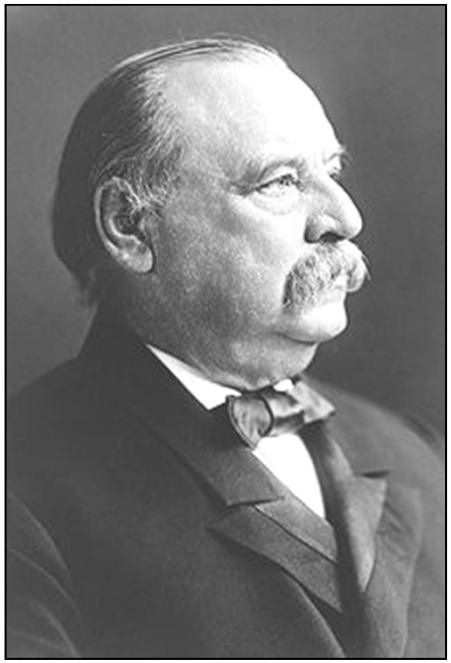
© sven.koscielny@med.uni-jena.de

Problemzone: Weicher Gaumen

Z. n. Resektion des weichen Gaumens ohne Rekonstruktion
Beschwerden: nasale Regurgitationen (Flüssigkeiten !) offene Rhinolalie

© sven.koscielny@med.uni-jena.de

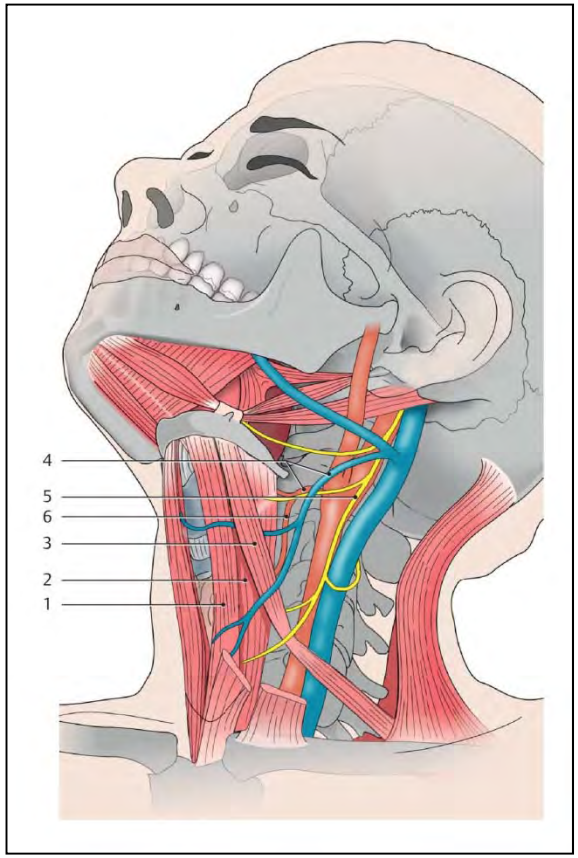
Lateraler Oropharynx

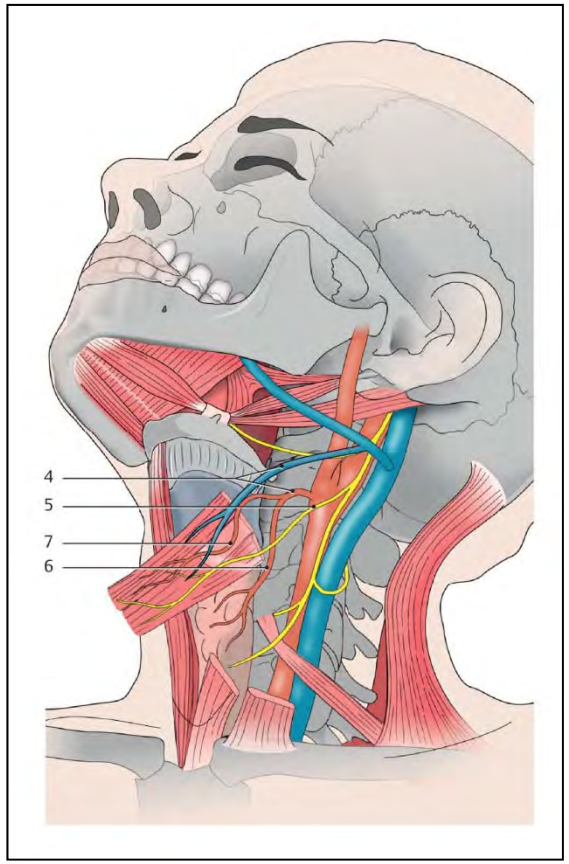


Z. n. Resektion linke Pharynxseitenwand/weicher Gaumen/seitlicher Zungengrund ohne Rekonstruktion
Beschwerden: nasale Regurgitationen (Flüssigkeiten !)
offene Rhinolalie, Kaustörungen

© sven.koscielny@med.uni-jena.de

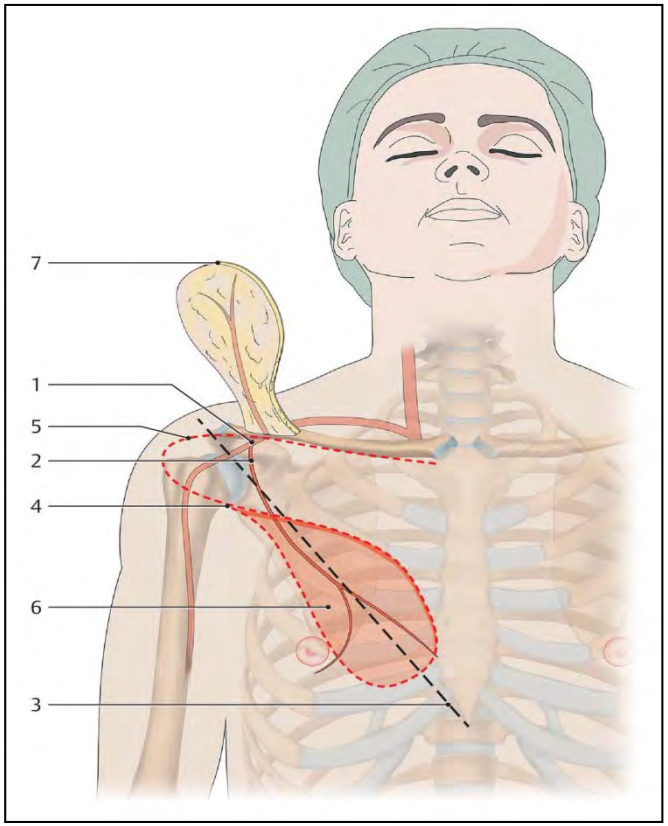
Infrahyoidaler Muskellappen n. Remmert

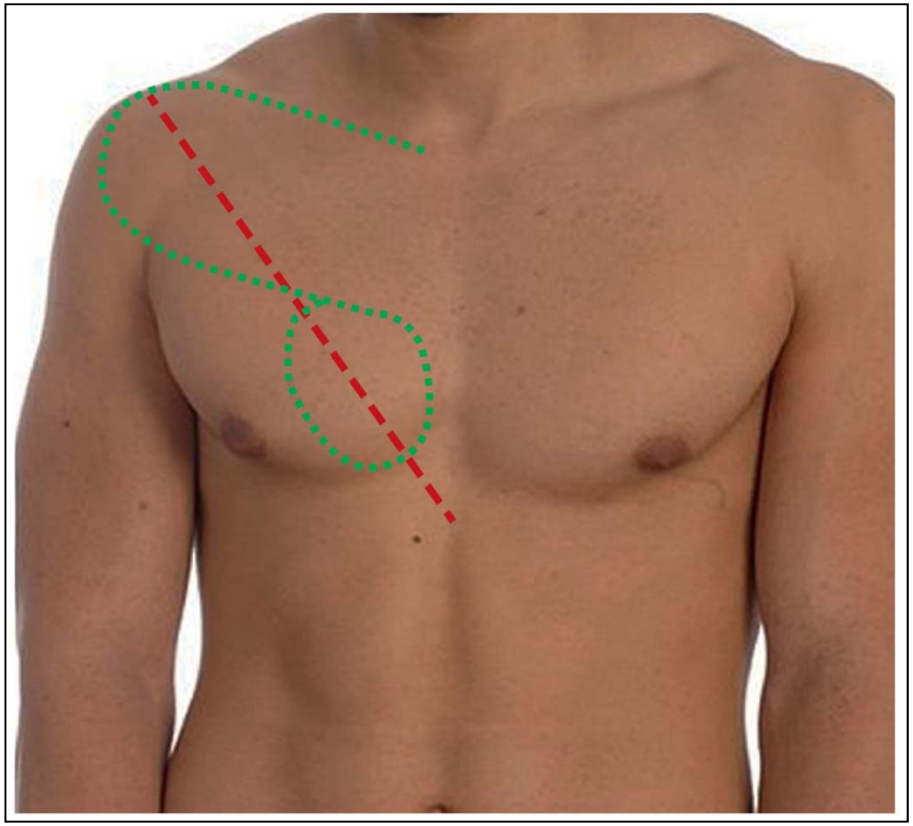




© sven.koscielny@med.uni-jena.de

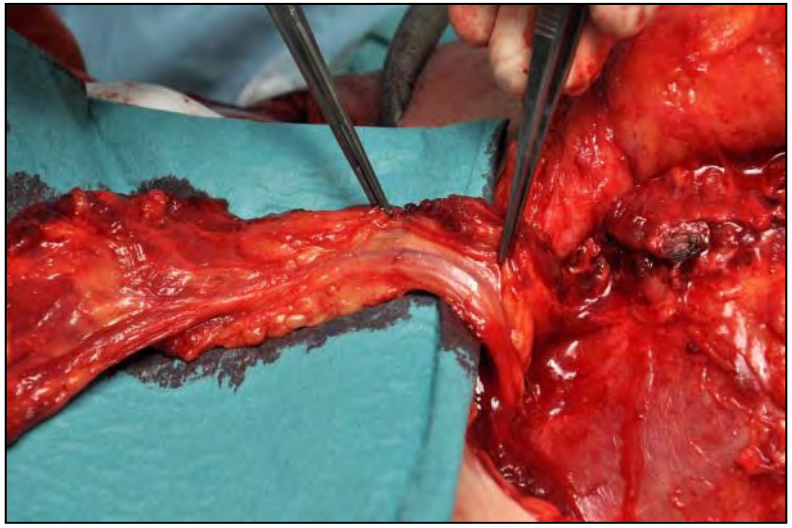
Ms. pectoralis major Lappen

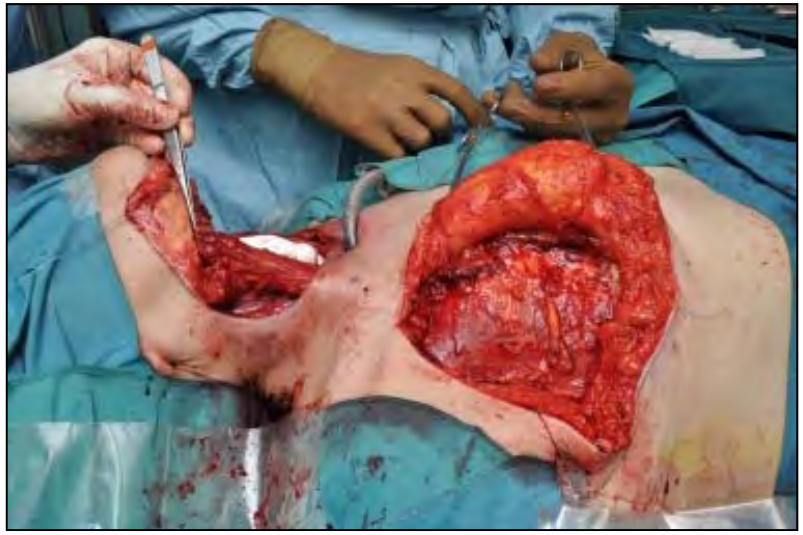




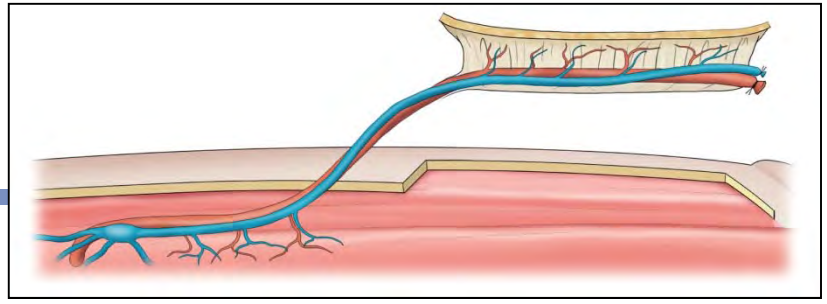
© sven.koscielny@med.uni-jena.de

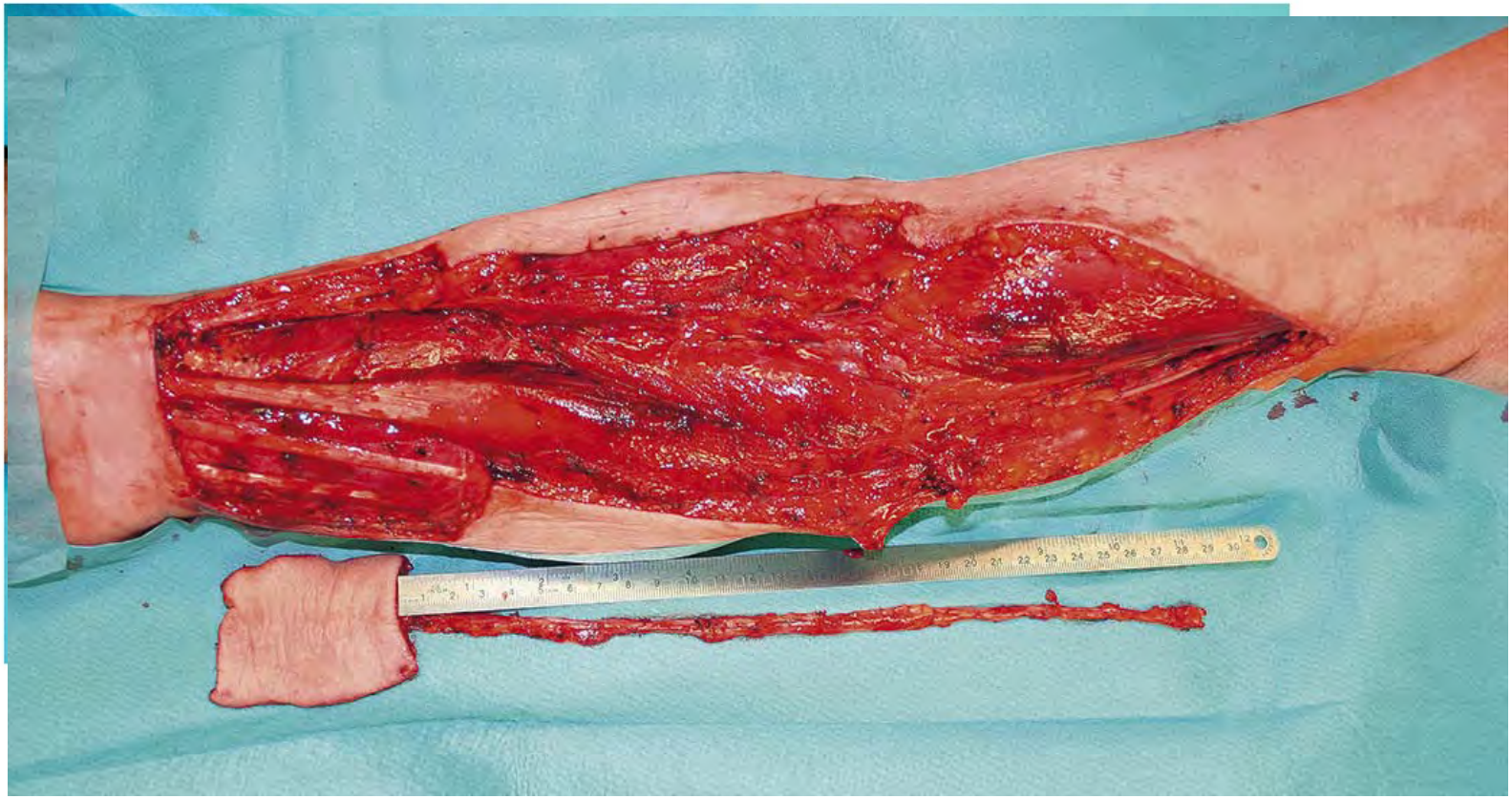
Ms. pectoralis major Lappen





Radialislappen





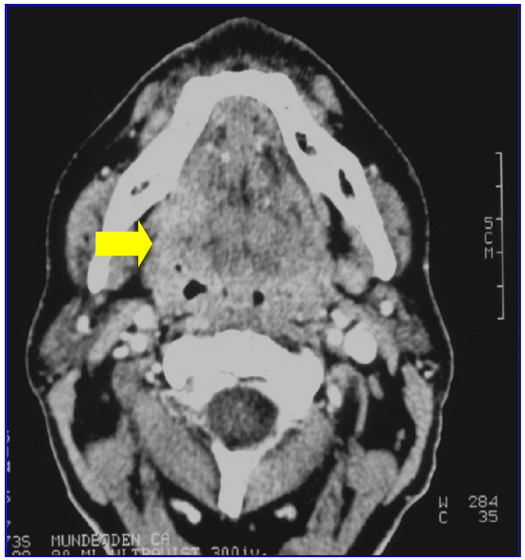
Kombinierte Defekte

Tumor li. lateraler
Oropharynx/Mundhöhle

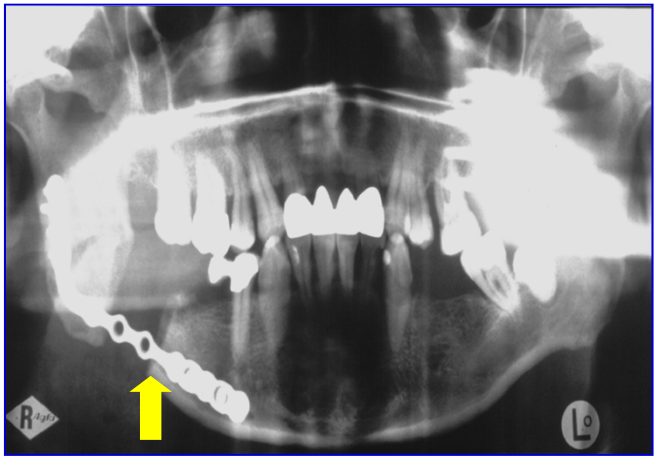
6 Monate nach Rekonstruktion
mit Radialislappen

© sven.koscielny@med.uni-jena.de

Mundhöhle



Tumor re. hinterer Mundboden

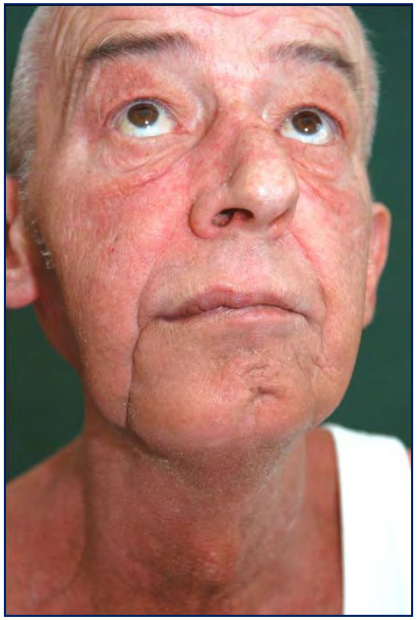


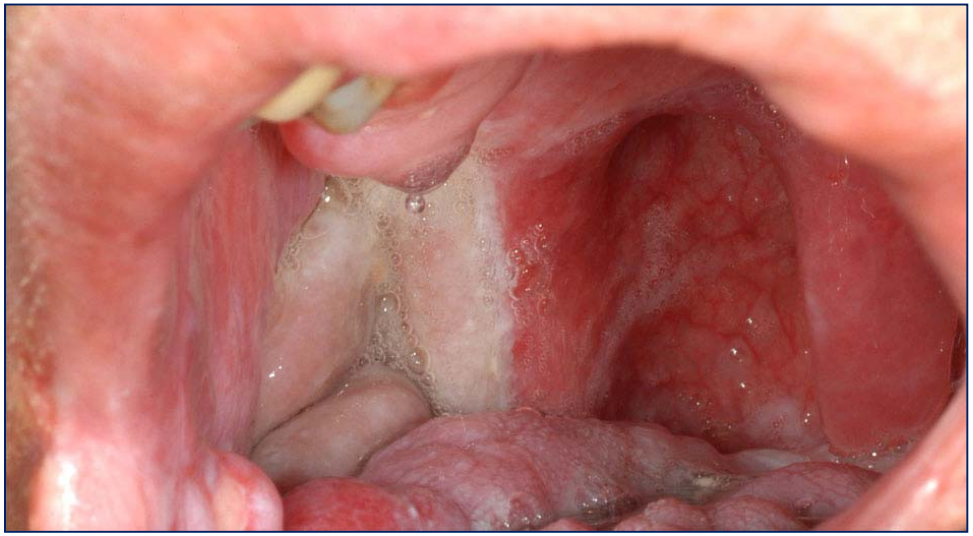
Unterkieferteilresektion

2 Wo n. Deckung mit Radialislappen

© sven.koscielny@med.uni-jena.de

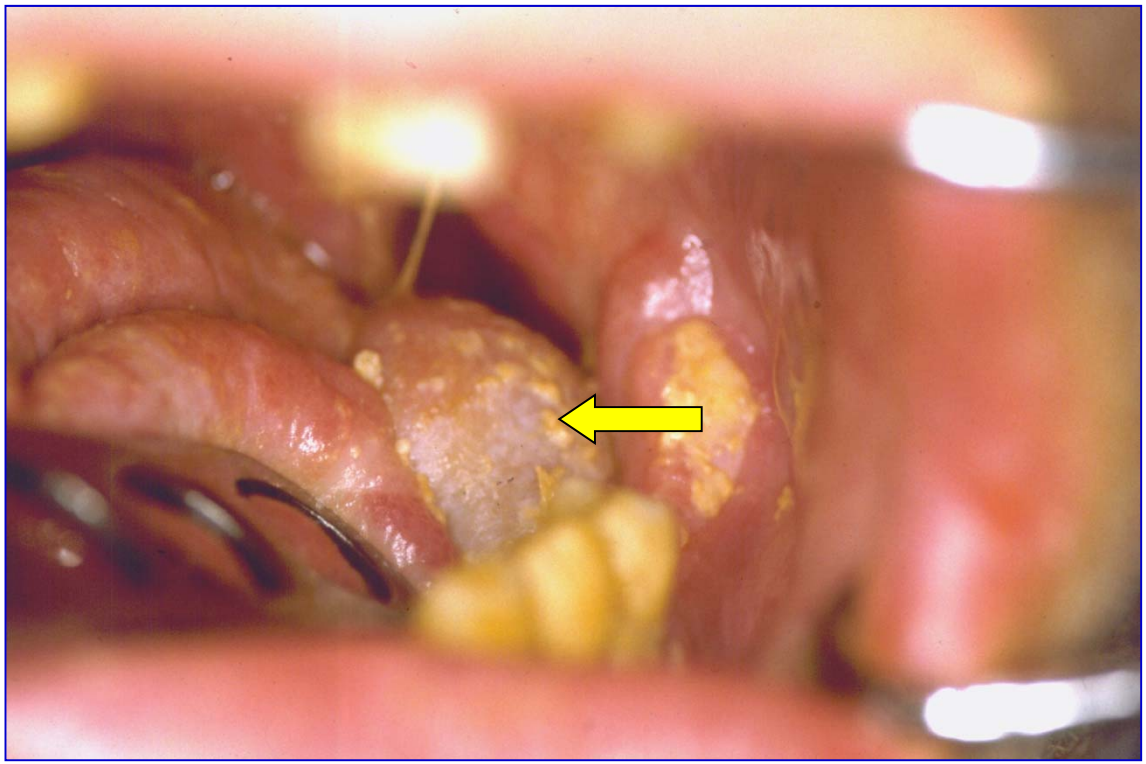
Mundhöhle

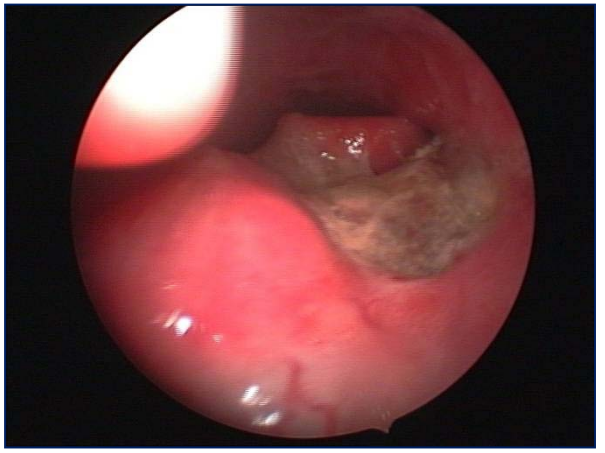


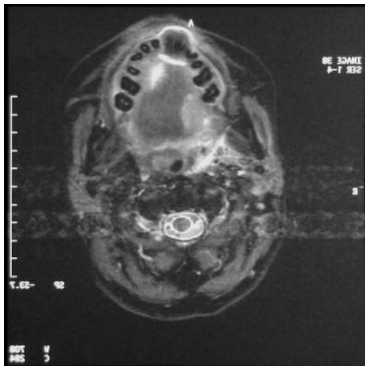


© sven.koscielny@med.uni-jena.de

Zungengrund



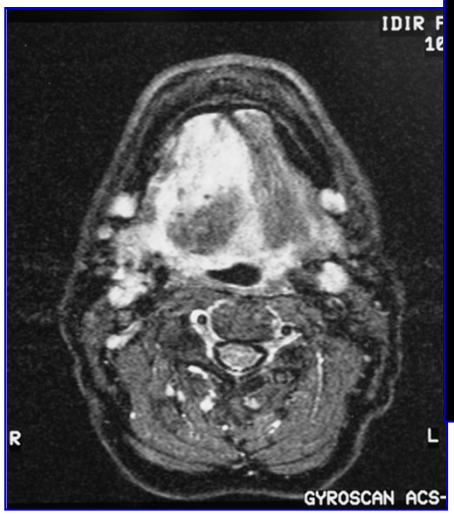




3 Monate n. Rekonstruktion mit Radialislappen, problemlose orale Nahrungszufuhr, Tracheostoma verschlossen

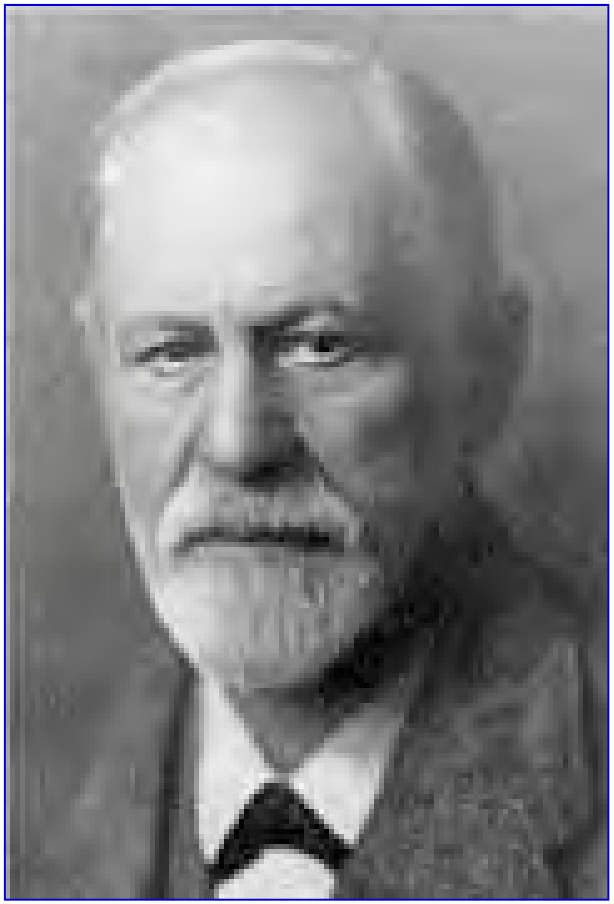
© sven.koscielny@med.uni-jena.de

Zungenkarzinom/Glossektomie



© sven.koscielny@med.uni-jena.de

Historie



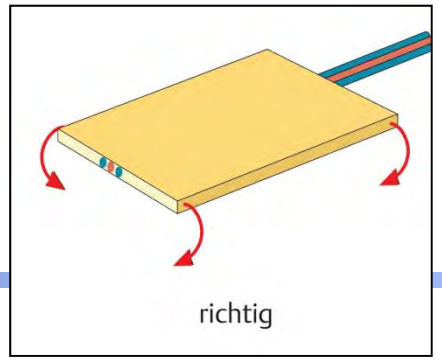
Sigmund Freud

- Begründer der Psychoanalyse

- 1923 erste Therapie eines Mundhöhlenkarzinoms
- 1938 am Tumorleiden verstorben

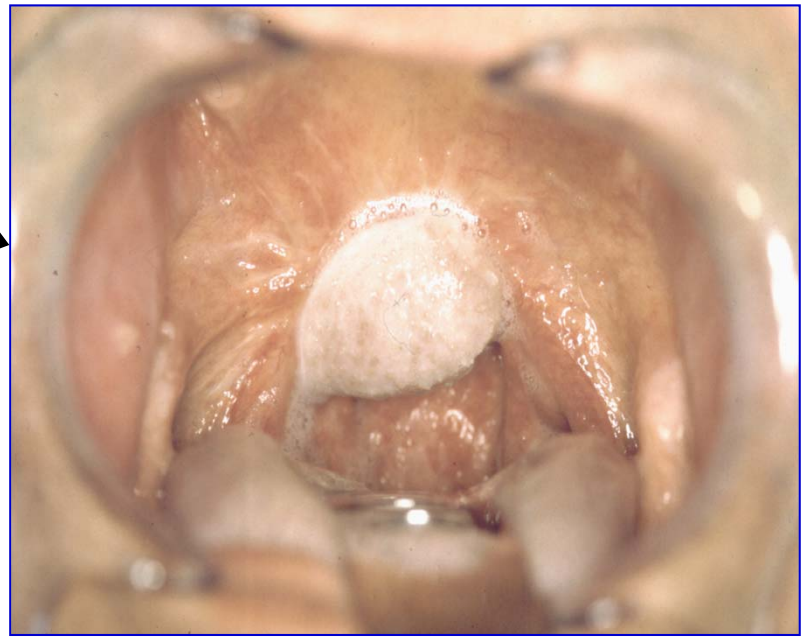
© sven.koscielny@med.uni-jena.de

Problemzone: Weicher Gaumen



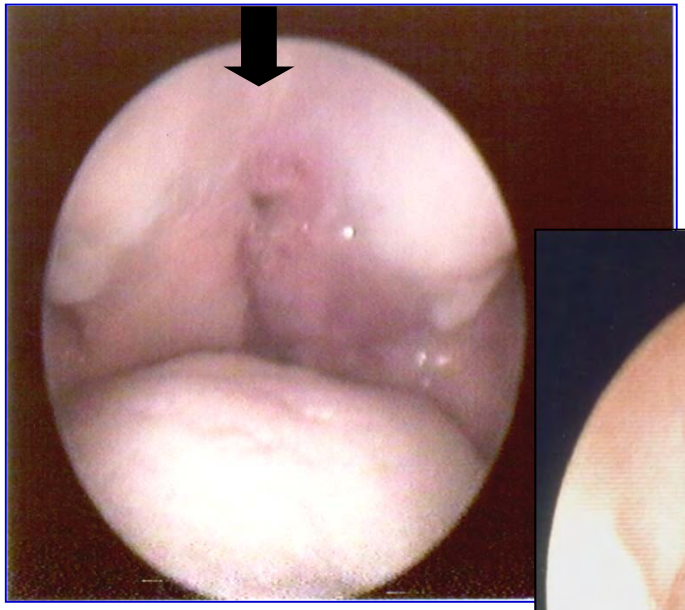
3 Monate nach Rekonstruktion mit Radialislappen - keine funktionellen Beeinträchtigungen

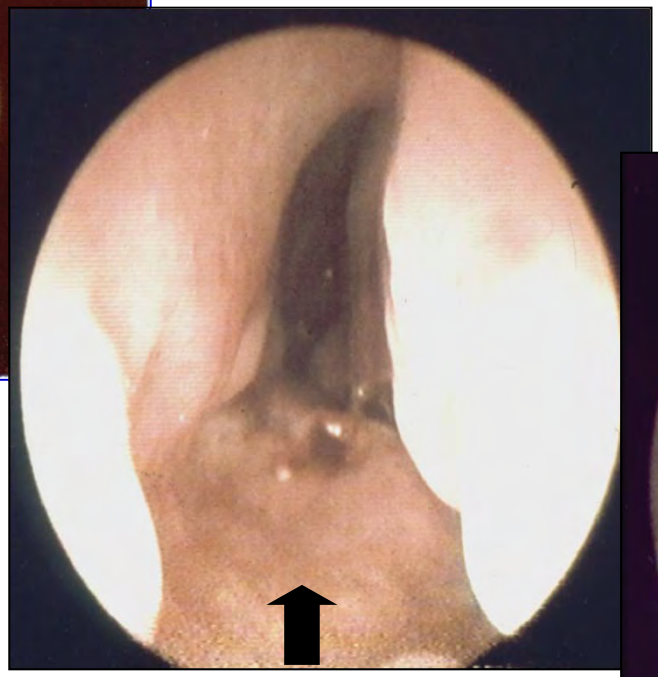
Tumoresektat weicher Gaumen



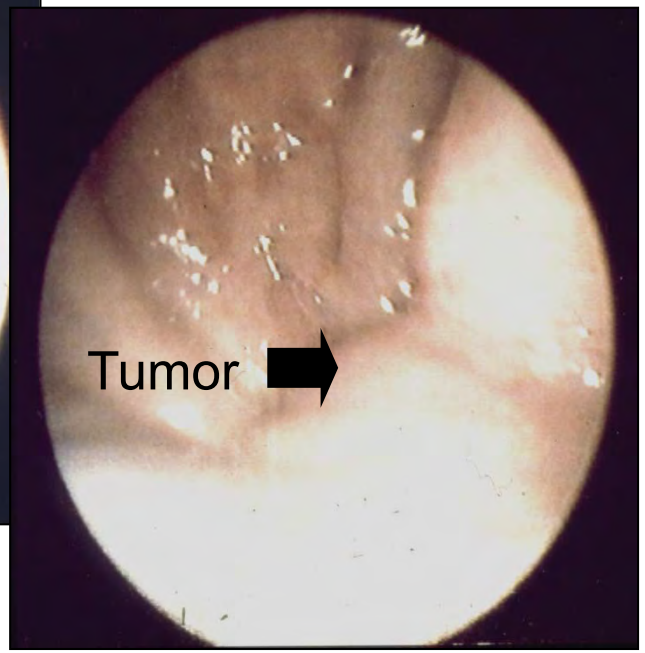
© sven.koscielny@med.uni-jena.de

Problemzone: Gaumen





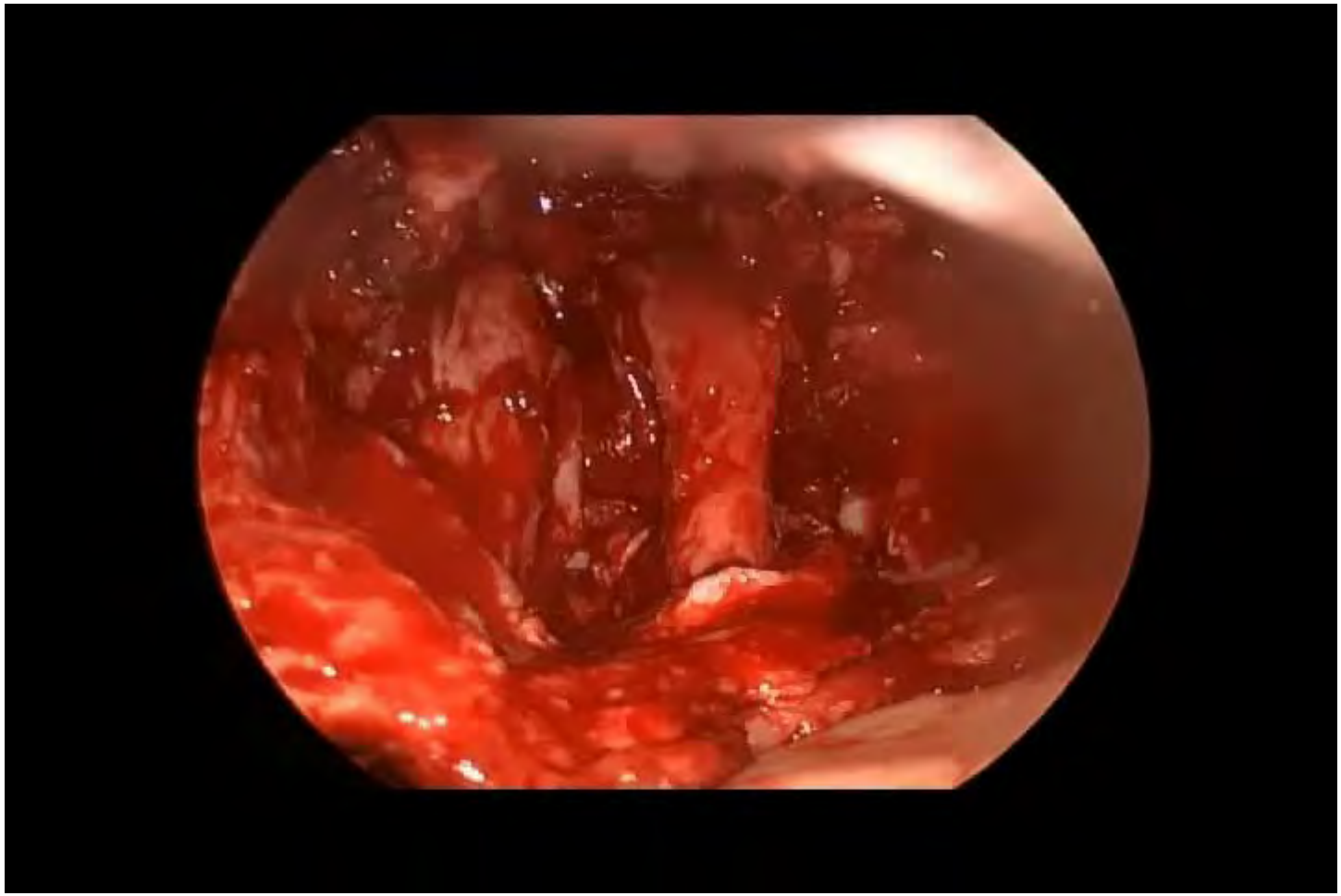
Tumor



Plattenepithelkarzinom des weichen und harten Gaumens mit Durchbruch in die Nase

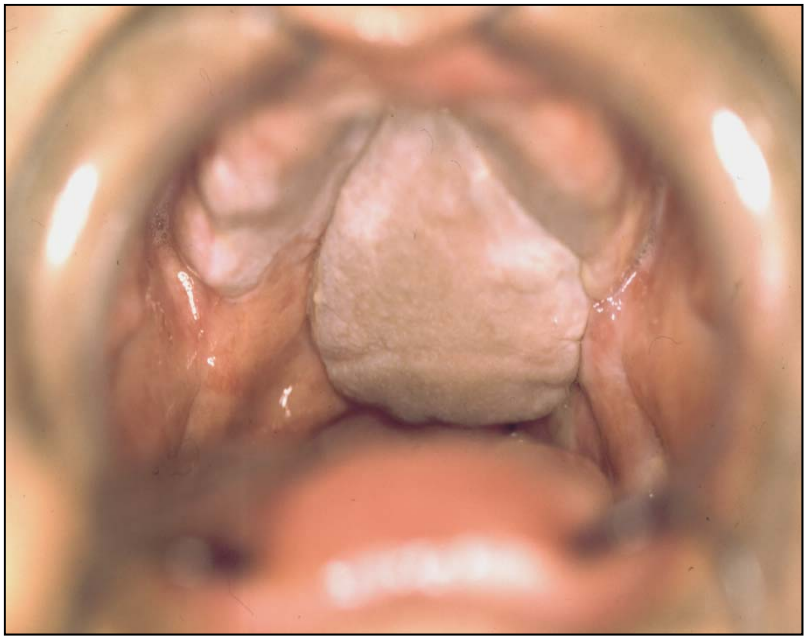
© sven.koscielny@med.uni-jena.de

Problemzone: Gaumen



© sven.koscielny@med.uni-jena.de

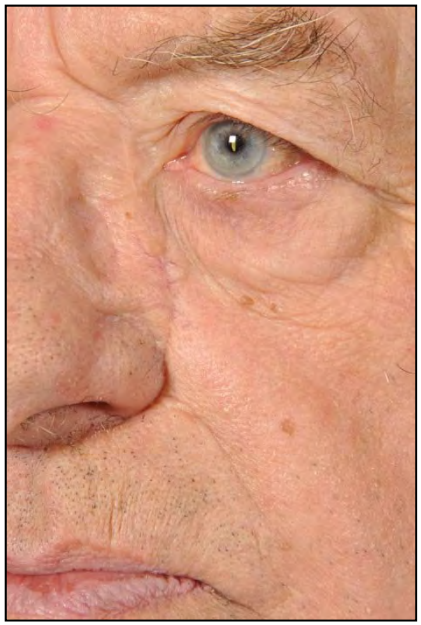
Problemzone: Gaumen

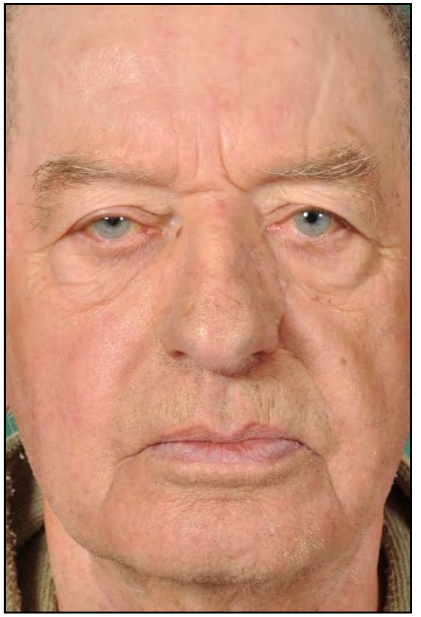


Z. n. Rekonstruktion weicher/ harter Gaumen mit Radialislappen

© sven.koscielny@med.uni-jena.de

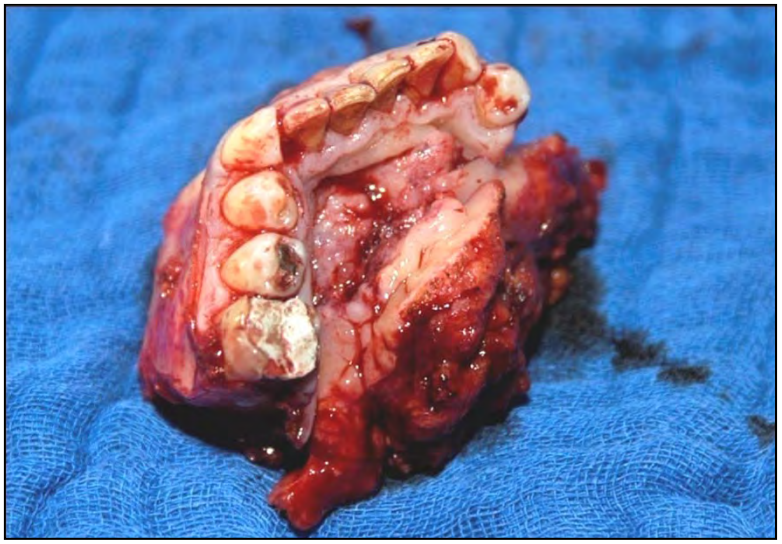
Problemzone: Gaumen 15 J postoperativ

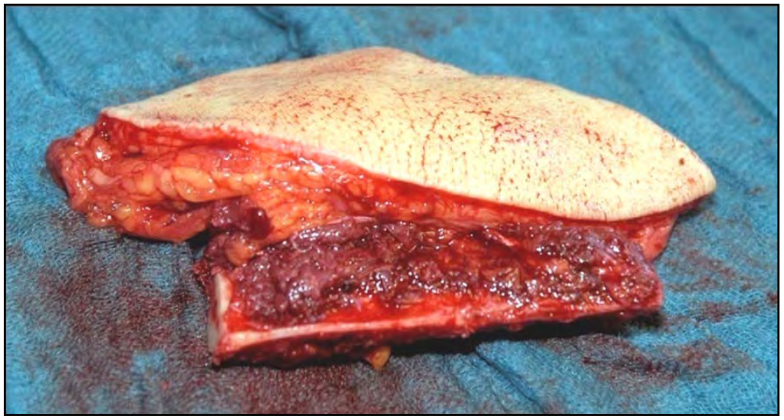


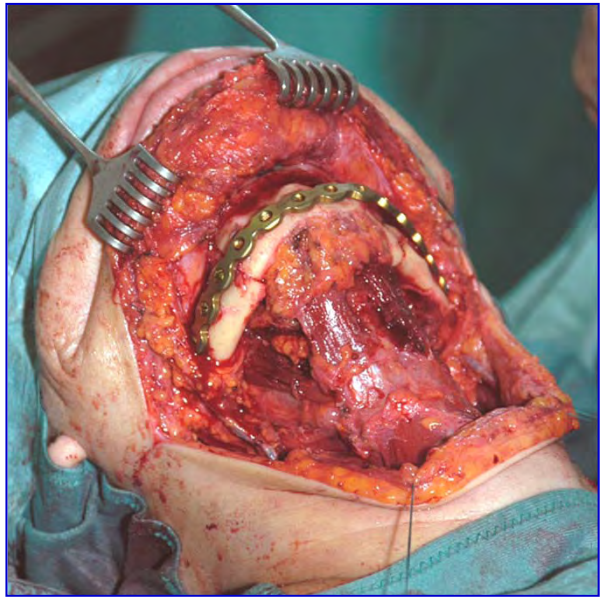


© sven.koscielny@med.uni-jena.de

Unterkieferrekonstruktion mit Skapulatransplantat

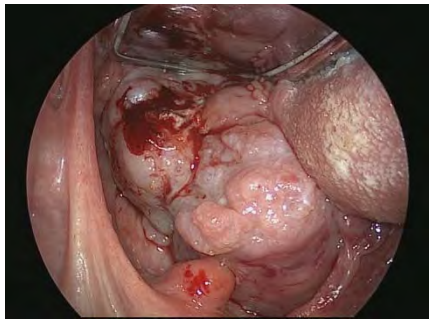


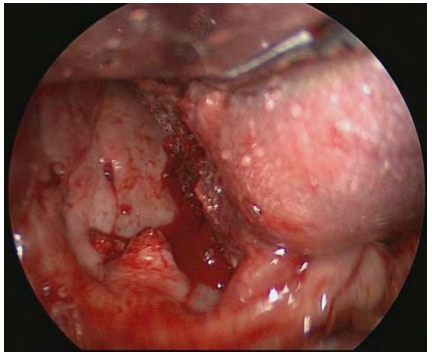


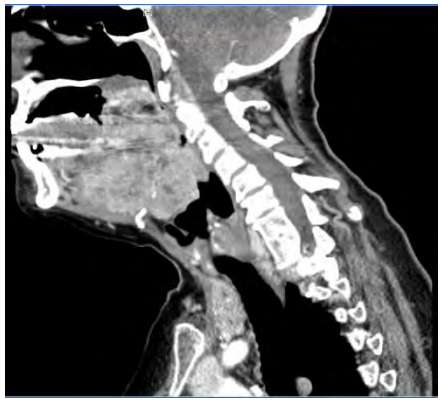


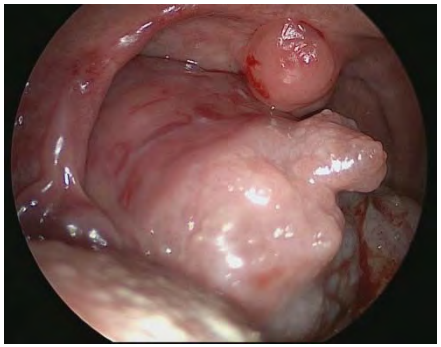
© sven.koscielny@med.uni-jena.de

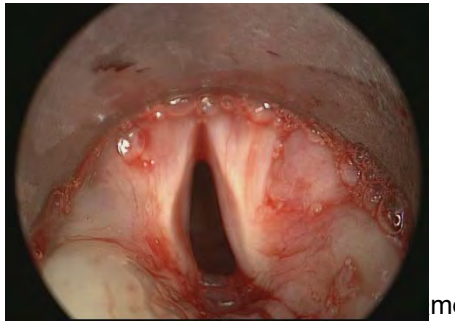
Der besondere Fall



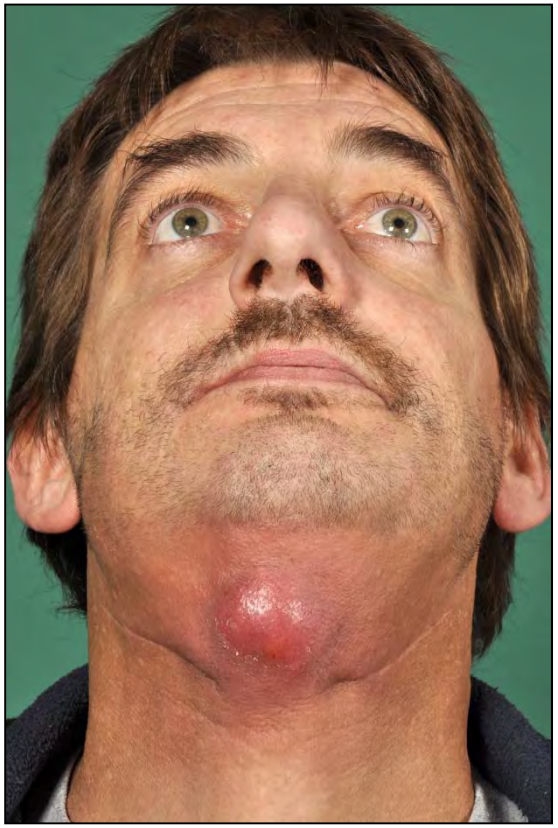


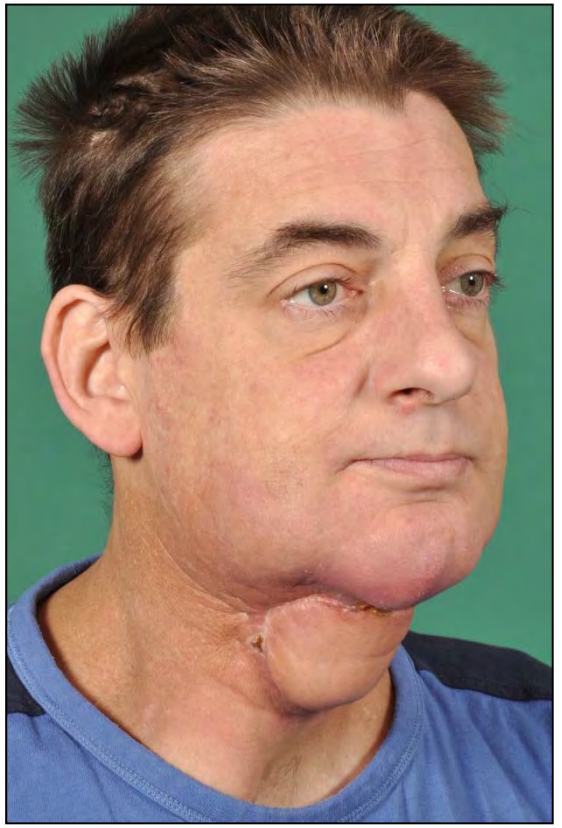






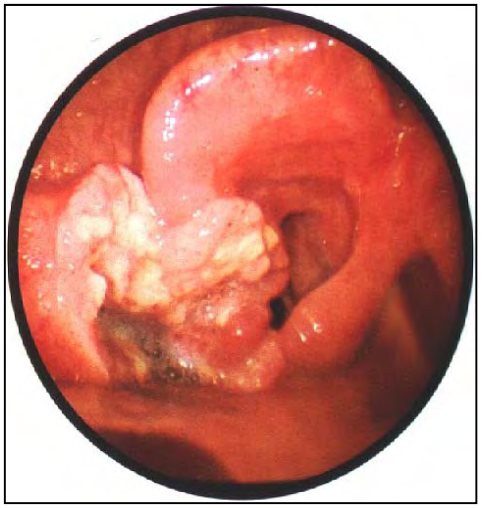
Palliative Therapie





© sven.koscielny@med.uni-jena.de

Tumoren Hypopharynx



- Plattenepithelkarzinome
- Raucher/Trinker

  20 Jahre 20 Zigaretten/d + 50 g Alkohol/d

  Risiko x 150 für Tu oberer Aerodigestivtrakt

Erstsymptome:

- Schluckbeschwerden
- (Heiserkeit)
- (LKS Hals)

Tumoren Hypopharynx

Therapie:

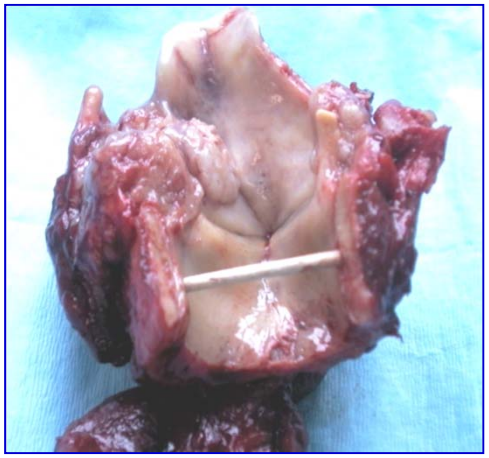
- chirurgisch

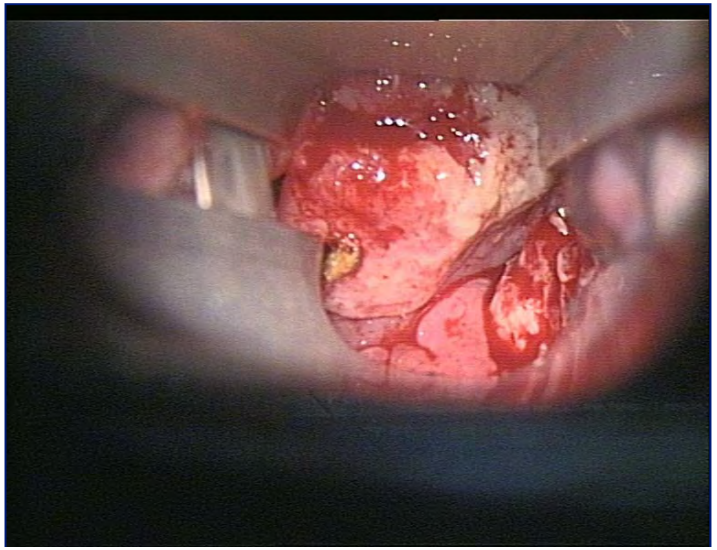
  funktionserhaltend transoral mit CO_2-Laser

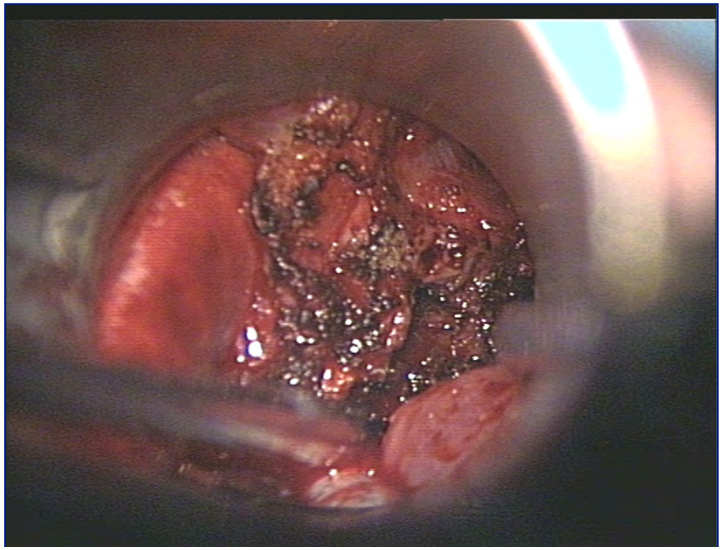
  Laryngektomie

  immer mit Neck Dissection

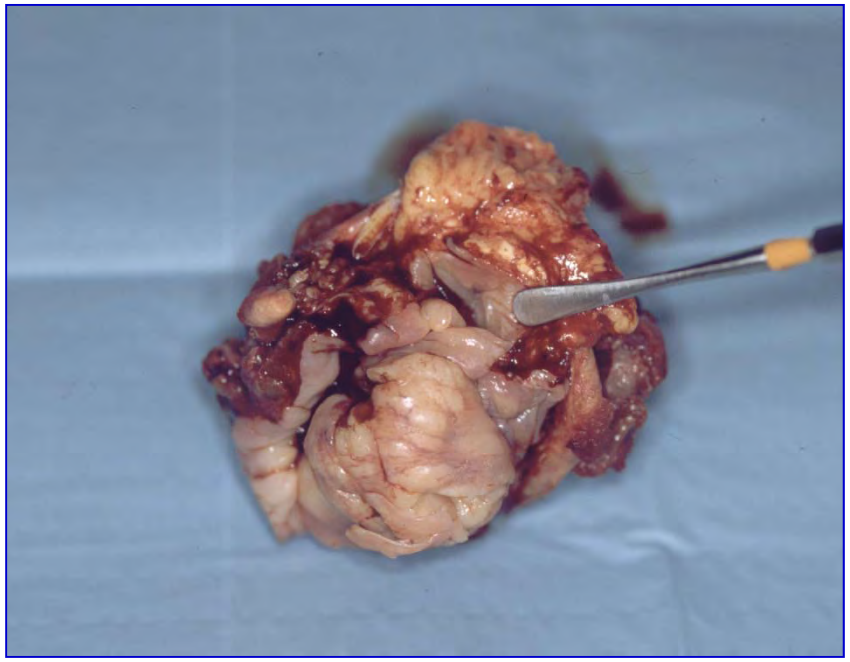
- Radio-Chemotherapie

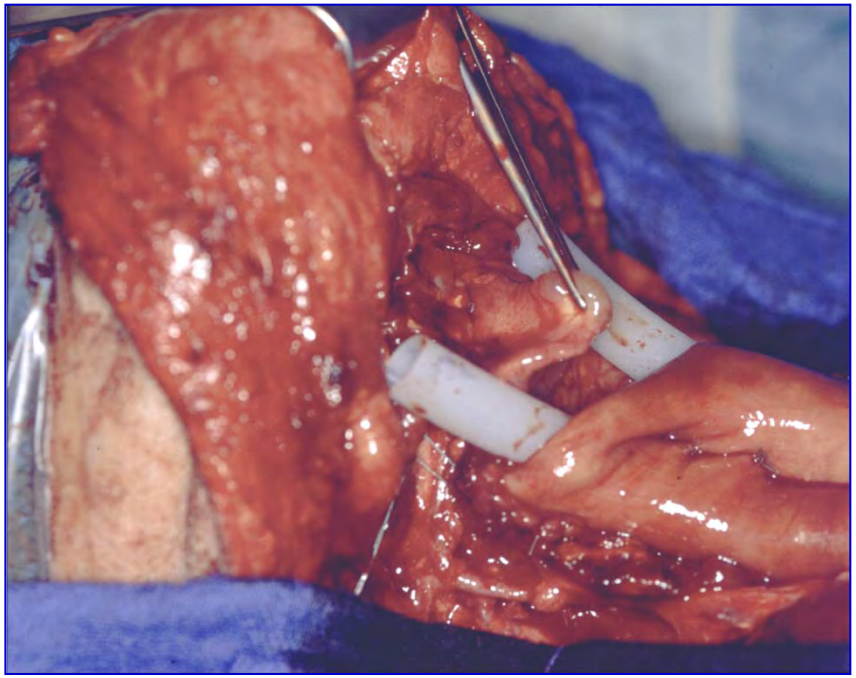






Jejunuminterponat im Hypopharynx



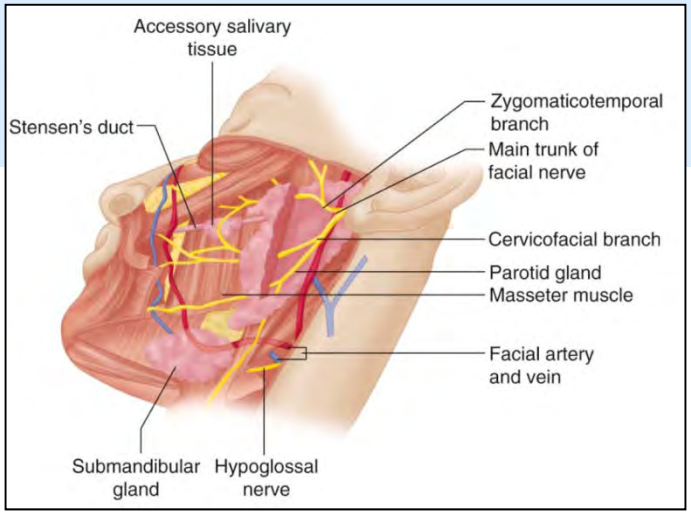


© sven.koscielny@med.uni-jena.de

UNIVERSITÄTS KLINIKUM jena

Klinik und Poliklinik für Hals-, Nasen- und Ohrenheilkunde

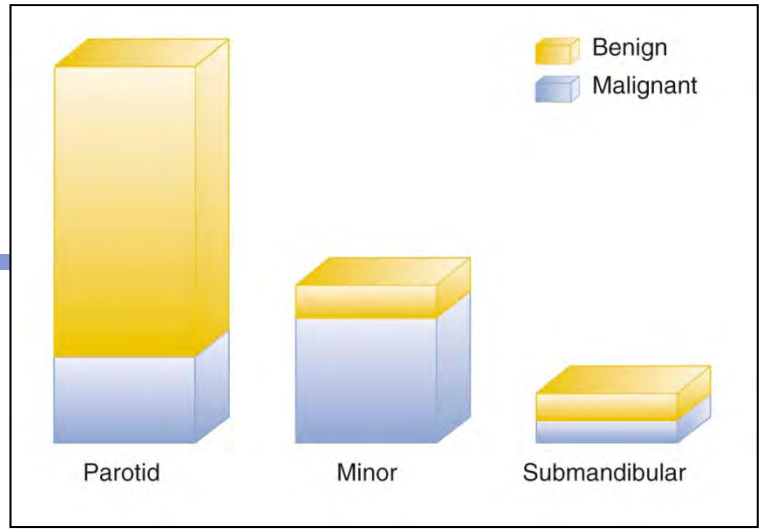
Tumoren der Kopfspeicheldrüsen



© sven.koscielny@med.uni-jena.de

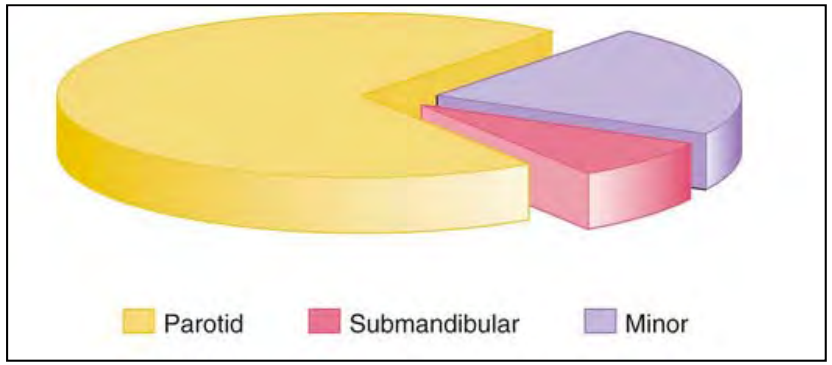
Speicheldrüsentumoren

Gl. parotis	80 %, 10 % maligne
Gl. submandibularis	10 %, 50 % maligne
kleine Speicheldrüsen	10 %, 70 % maligne
Gl. sublingualis	> 1 %,90 % maligne



Umso kleiner die Drüse, desto seltener ein Tumor,

aber umso häufiger maligne !



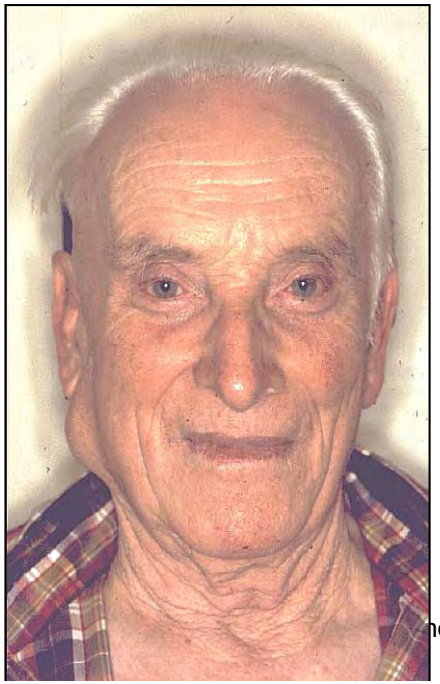
Pleomorphes Adenom

fast immer einseitig

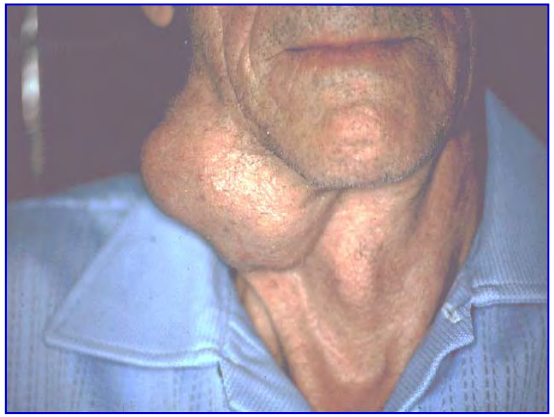
meistens Parotis

Anamnesedauer lang

Frauen häufiger als Männer



ned.uni-jena.de



Trotz enormer Größe...

...N. facialis bleibt intakt !!!

allerdings Entartung in 10 % mgl.

© sven.koscielny@med.uni-jena.de

Frey`sches Syndrom

Lucja Frey polnische Neurologin 1889-1942

Bremerich et al. Mund-Kiefer-Gesichtchirurgie 2001

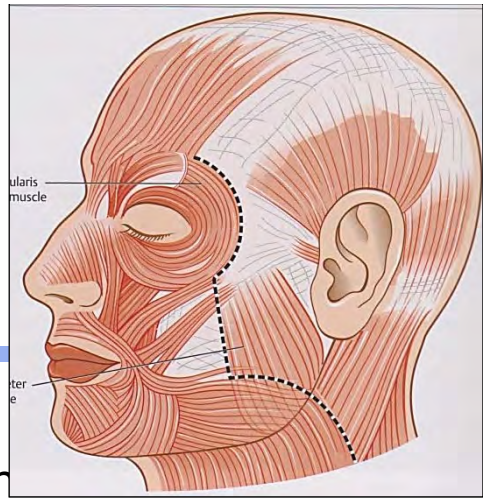
- 86 Patienten (23,5%) nach 18 Monate nach dem Eingriff, Scopolaminsalbe

  Das gustatorische Schwitzen nach Parotidektomie muss weiterhin als unangenehme und schwer zu therapierende Komplikation ……

- therapiepflichtig: 5% (abhängig Erfahrung Operateur 9% versus 3 %)
- Literatur: von 4% (Guntinas-Lichius 2006) bis 96 % (Kornblut 1974)
- Therapie: Botoxinjektion intrakutan

© sven.koscielny@med.uni-jena.de

Frey`sches Syndrom



- aberrierende Regeneration von postganglinären parasympath

  drüsenversorgenden mit sympathischen hautversorgenden, vegetativen

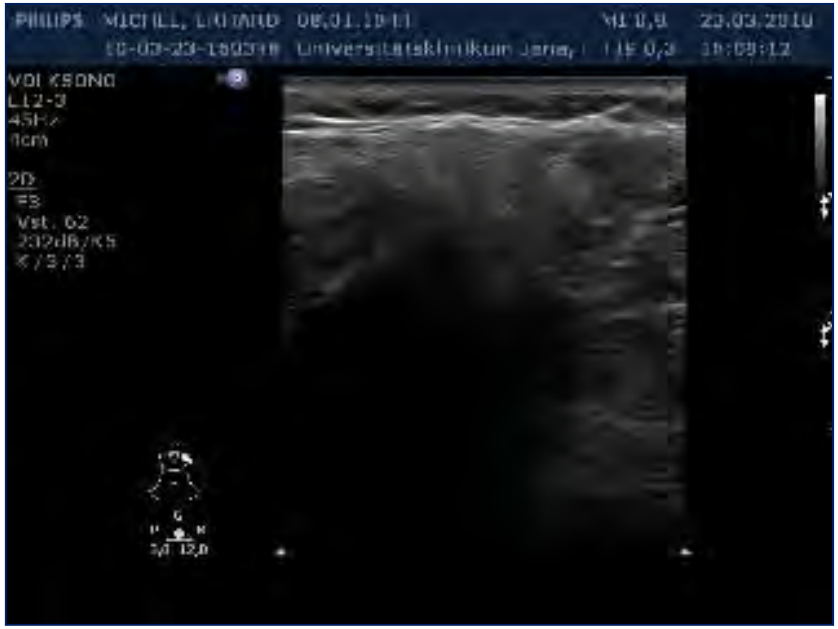
  Nervenfasern des N. auriculotemporalis

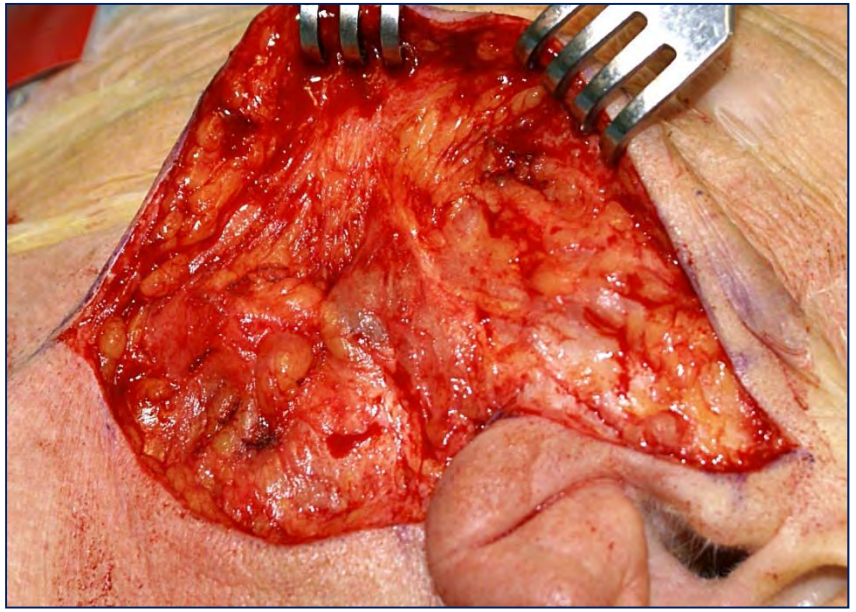
- **Therapie: 2,5 MU Botolinumtoxin/cm²**

Justinus Kerner 1786-1862

© sven.koscielny@med.uni-jena.de

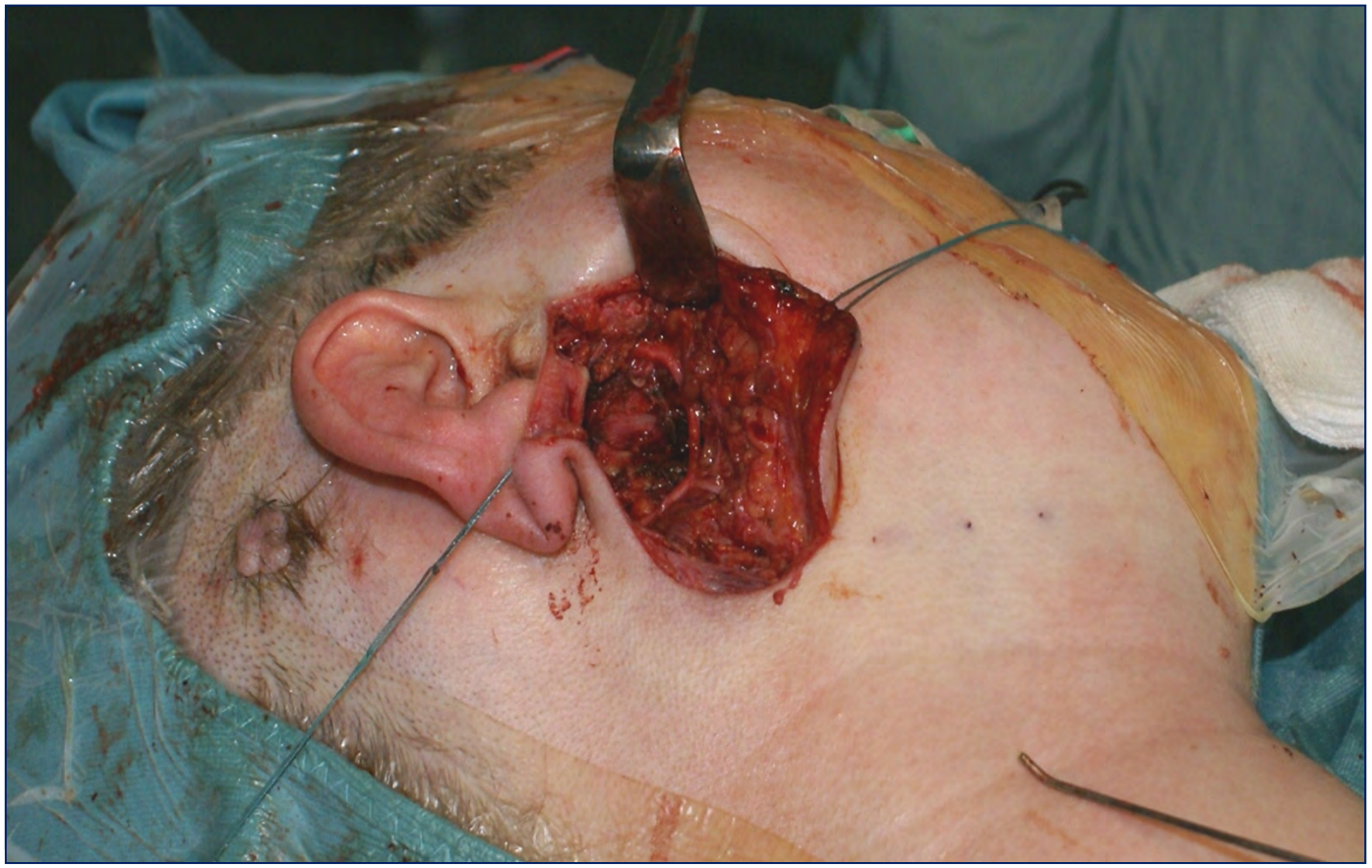
Immer lat. Parotidektomie sonst…





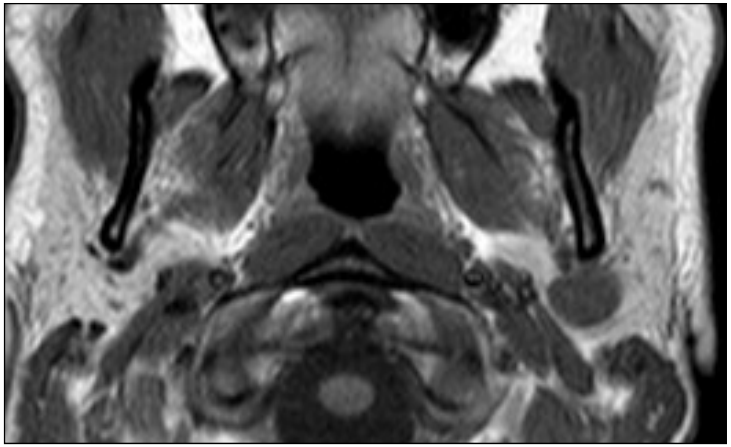
© sven.koscielny@med.uni-jena.de

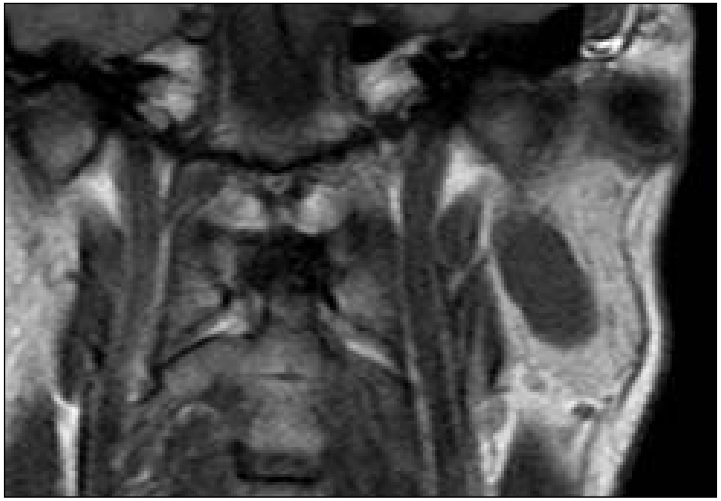
Tumoren liegen meist lateral des Nerven…

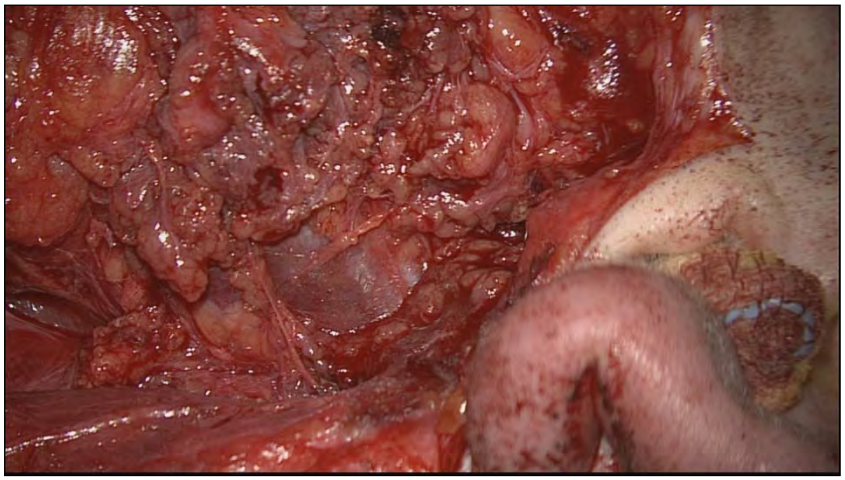


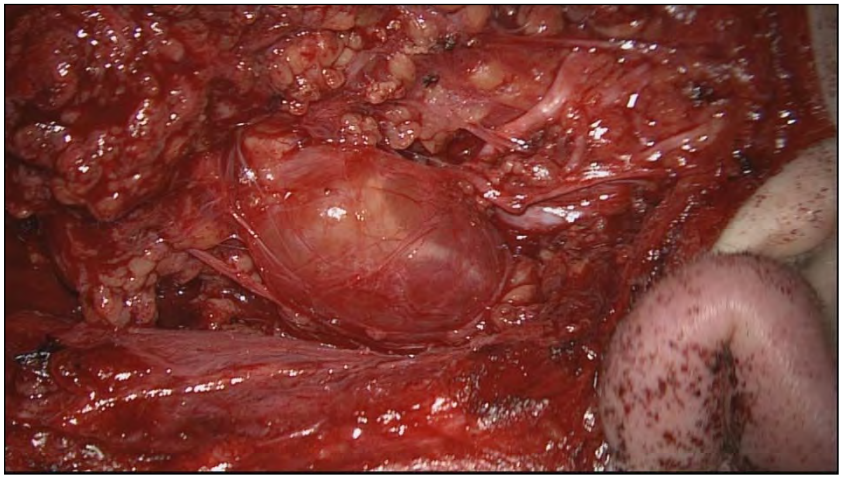
© sven.koscielny@med.uni-jena.de

Meist sind es Speicheldrüsentumoren ….









© sven.koscielny@med.uni-jena.de

Maligner Speicheldrüsentumor

- gute Prognose: Acinuszcell-Ca
  Mukoepidermoides Ca
  Plattenepithel Ca
  Sonstige
- indifferente Prognose: Ca im pleomorphen Adenom
  adenoidzystisches Ca
- schlechte Prognose: undiff. Ca
  anaplast. Ca
  Adeno-Ca
  MTS

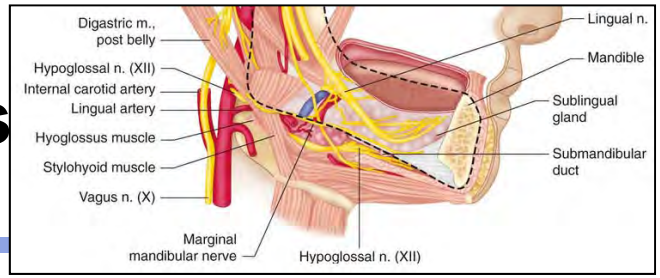
© sven.koscielny@med.uni-jena.de

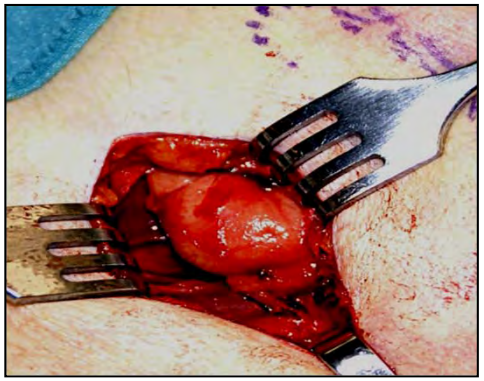
Therapie Speicheldrüsentumoren

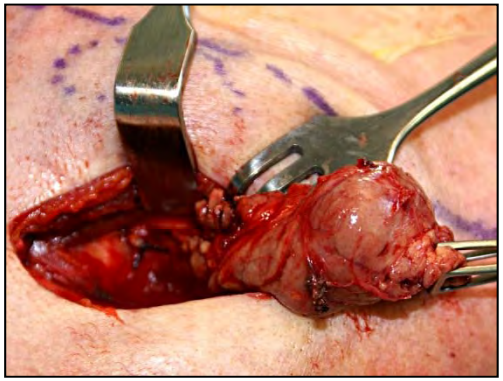
Gl. parotis	
benigne	- lat. Parotidektomie
niedrig maligne	- totale Parotidektomie
hoch maligne	- radikale Parotidektomie, ggf. Rekonstruktion N. facialis + Neck Dissection + Radiatio
Gl. submandibularis	- Exstirpation + adjuvante Therapie

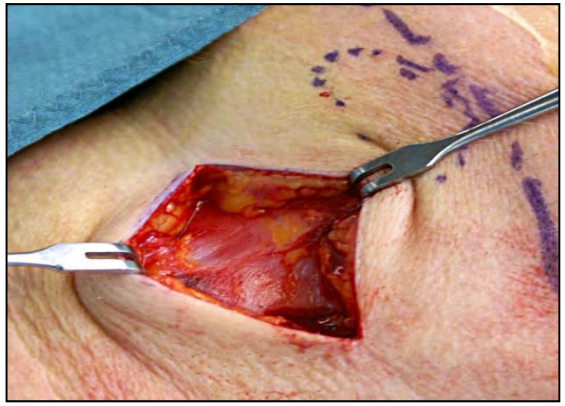
© sven.koscielny@med.uni-jena.de

Op-Technik- Gl. submandibularis



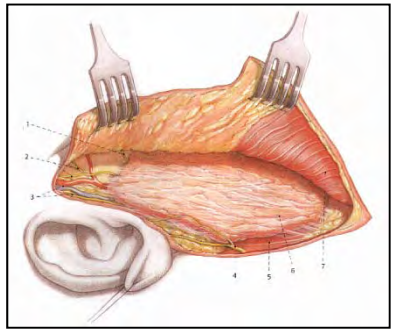


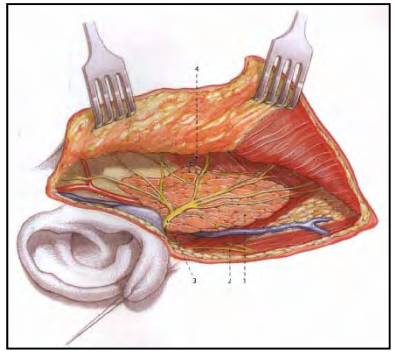


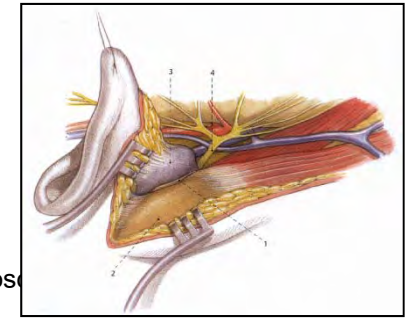


© sven.koscielny@med.uni-jena.de

Op-Technik - Gl. Parotis







© sven.kos