

Major head and neck surgeries in the elderly population, a match-control study

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Background and Objectives: Continuously rising life expectancy results in increasing numbers of elderly head and neck cancer patients. Surgical oncology in elderly patients is challenging, since the impact upon their function and quality of life could be detrimental. Our goal was to investigate complication rates in elderly cancer patients undergoing major head and neck surgeries.

Methods: A retrospective, matched-control, analysis. For each elderly (≥ 70 years) patient, a younger, (< 70 years) patients were matched based on sex, tumor location, disease stage, and operation time. Post-operative complication and survival analyses were performed.

Results: Of 225 patients, 75 (33.3%) were elderly (mean age 76.2 (70–88) years) and compared with a match control group (53.2 (23–69) years). A higher rate of cardio-vascular comorbidity was noted in the elderly group (70.6% vs. 34%, respectively, $P < 0.001$). The majority (62.7%) of elderly patients required reconstruction with 24% receiving vascularized flap reconstruction. Total postoperative complication rate was 49.9% in the study versus 42.3% in the control group, with a major complication rate of 22.5% in the elderly versus 11.9% in the control group ($P = 0.154$). Mean follow-up was 41 (0–144) months. Five-year disease-specific (67.1% vs. 80.7%, $P < 0.001$) and overall survival rates (48.6% vs. 75.4%, $P < 0.001$) were significantly lower among elderly patients.

Conclusions: Major head and neck surgery in the elderly population does not entail higher complication rate, compared with younger patients, and should be allowed when curative intent is feasible and patient’s general condition allows.

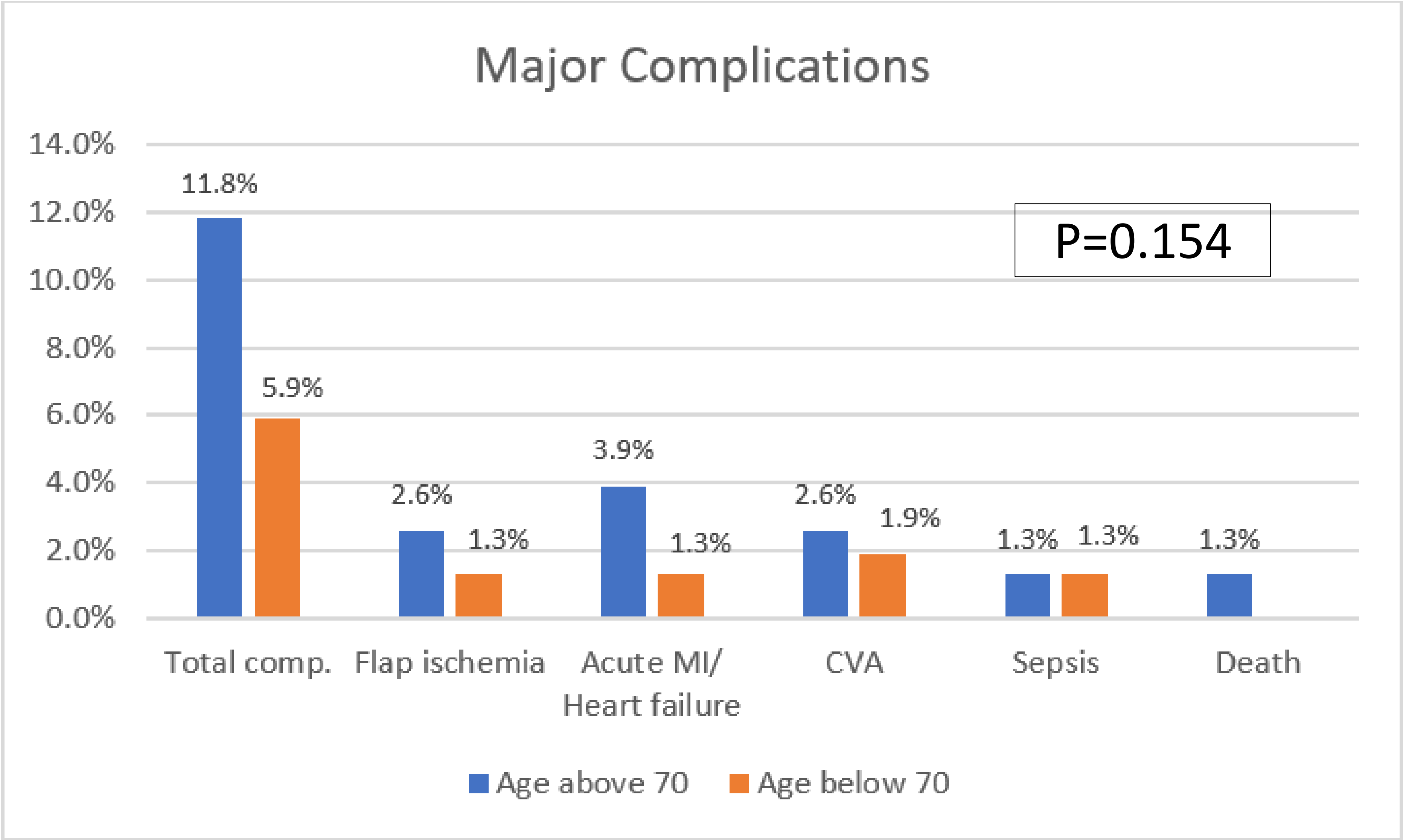


Figure 1 - Kaplan-Mayer plot for overall survival and disease-specific survival

