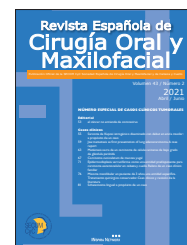




## Revista Española de Cirugía Oral y Maxilofacial

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### Editorial

## Cancer does not understand about coronavirus

Despite the current situation of the COVID-19 pandemic for which, against all odds (still in July 2021) a short-term end is not in sight, the healthcare pressure exerted by tumor pathology continues to take up time and material and humans resources from our National Health System (NHS). Indeed, after several months of systematic reduction in the number of surgical interventions that has been registered in the successive waves of the pandemic, in order to focus limited resources in the fight against SARS-CoV-19, the head and neck cancer patient has required surgical treatment by the Maxillofacial Surgeon with the same incidence as in the pre-pandemic times and, in many cases (unfortunately and due to the delay in diagnosis derived from confinement and saturation of Primary Care Centers), it has experienced an evolution to late phases or advanced stages of the disease, which has required more aggressive oncological resections, with more complex reconstructions and a logical worsening of its prognosis in the short and medium term.

In this issue of *Revista Española de Cirugía Oral y Maxilofacial* we have wanted to highlight the importance of patients with tumor pathology in the head and neck area and the oral cavity, in a monographic series of clinical cases of patients with tumor pathology, mostly malignant and, in some cases, benign but with aggressive behavior to a greater or lesser degree, which illustrates the diversity of their presentation, beyond the absolute majority diagnosis in terms of frequency and healthcare implications of the oral squamous cell carcinoma (Figures 1 and 2). All the cases presented constitute rarities due to their infrequent appearance or insufficient knowledge at the level of their diagnostic-therapeutic management and definitively provide new casuistry to the overall literature, which will be decisive in the generation of consolidated knowledge over time and compiled series of cases through systematic reviews. Disseminated Kaposi's sarcoma with onset in the maxillary gingiva, mandibular metastasis of lung adenocarcinoma, sacral metastasis of low-grade acinar cells of the parotid gland, and *cuniculatum* carcinoma of the buccal mucosa are some of the rare cases that the reader will have the opportunity to approach by reading the current number.

The role of the Maxillofacial Surgeon continues to be central in the treatment of head and neck and oral cavity cancer, since surgical resection constitutes the fundamental pillar and the primary therapeutic option in a vast majority of cases. Of course, it should be complemented with the administration of post-operative radiotherapy in cases where there are indications for it, usually derived from tumor-dependent factors and, in cases of advanced disease, with the administration of post-operative chemo-radiotherapy (CRT). Clinicians and managers of the NHS should be concerned that the incidence of cancer in advanced stages may increase in the current health crisis, and that surgery as a primary option and, therefore, curative, gives way to a greater number of patients treated with purely palliative options, in which surgery is not feasible due to tumor unresectability or severe imbalance of benefits and risks or the appearance of unacceptable sequelae.

In this sense, it is essential to carry out cross-sectional studies in the current pandemic situation, which evaluate the prevalence of patients with advanced oncological disease and the increase in disease-dependent mortality in our and other specialties, since it seems logical to infer that both factors can have increased significantly in the current pandemic crisis. Health authorities must make an effort to try to "plug this possible waterway on the waterline" of the healthcare system, since, knowing that resources are always limited, it is no less true that cancer patients also deserve our NHS, all the effort and resources so that they receive the best possible assistance, in times of diagnosis and treatment, at least in a way similar to that received in the pre-pandemic stage.

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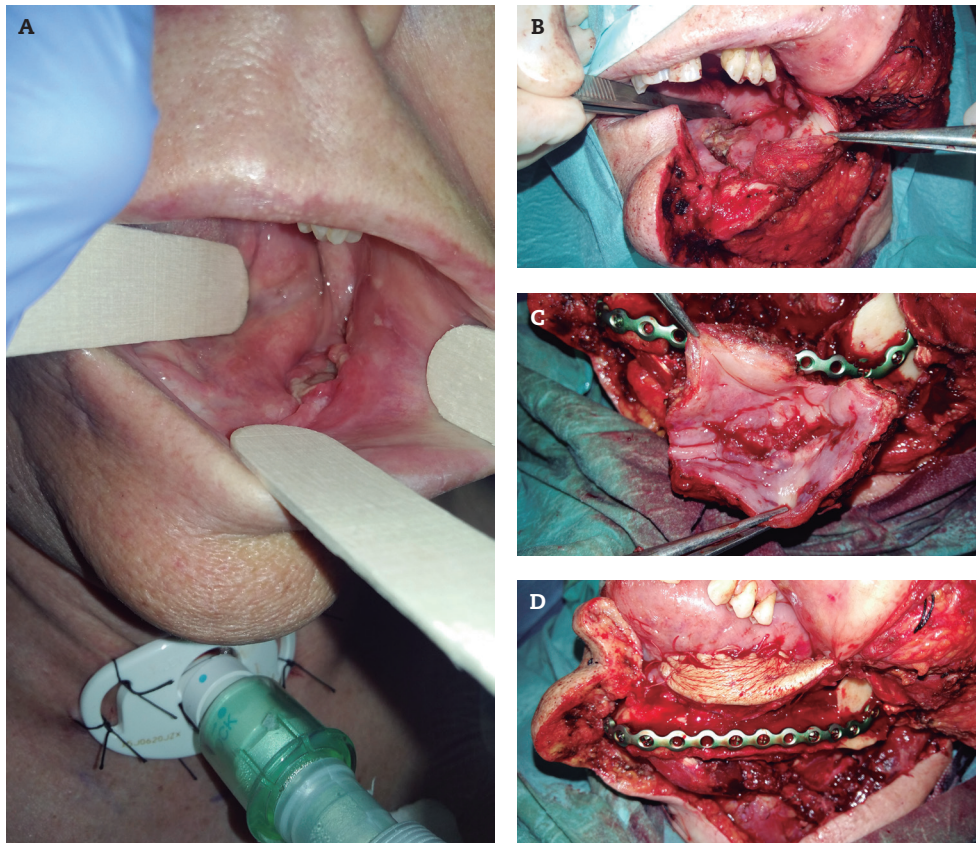


Figure 1. A. Squamous cell carcinoma of the mandible. B. Upper cheek flap approach. C. Resection of the tumoral piece involving gingiva and left hemimandible. D. Reconstruction with a vascularized fibular free flap.

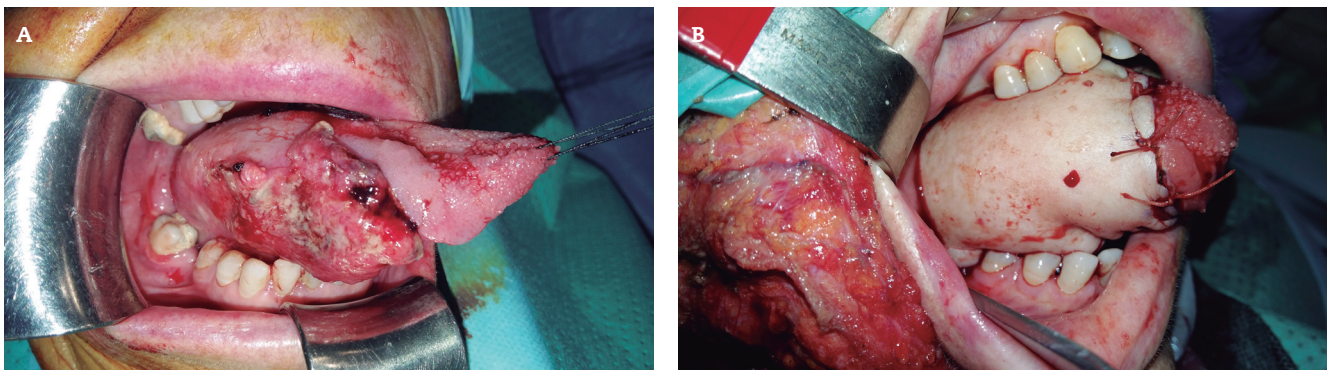


Figure 2. A. Squamous cell carcinoma of the tongue. B. Hemiglossectomy and reconstruction with a radial forearm free flap.

Let's not let the "informative news", sometimes suffocating, silence a reality that has not ceased to be present during the last year and a half...

... Cancer does not understand about coronavirus.

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