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journal homepage: www.elsevier.com/locate/ijscr**Temporal bone SCC and neck dissection**

Primary squamous cell carcinoma (SCC) of the tympanic membrane is rare and the reported case by Wijaya et al. (isolated primary squamous cell carcinoma of the tympanic membrane) was so interesting.¹

The patient presented with intermittent otorrhoea which had begun three months before. The patient seems to have not any history of the complaint before that. So a new onset of external otitis in an old patient must consider more seriously and the polypoid granular nodule noted in the first otoscopy examination should have been biopsied without any delay.

Due to the rarity of tympanic membrane SCC as mentioned in the article, consensus regarding the management is not easily found in the literature. The authors chose the TNM classification of temporal bone carcinoma for staging.² As the system include the neoplasm which are arising from external auditory canal and middle ear, it seems a proper staging system for the case.

En bloc resection of the lesion is considered by almost all studies to be the primary goal of treatment.

The patient underwent lateral temporal bone resection which is an accepted surgery for the lesion according to the staging system. But the elective neck dissection and superficial parotidectomy is an overtreatment in such a patient. A total parotidectomy is performed if indicated by preoperative radiologic or intraoperative findings and modified neck dissection should be done if there is a metastatic lymph node in the neck.³

Although it is uncertain that postoperative radiotherapy is helpful or not it is recommended by some authors.

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Conflict of interest statement

None.

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