What you see is what you get.

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Warthin tumors are the second most common benign neoplasms of the parotid gland, and are known to have a low growth rate and undergo malignant transformation in only 0.3% of cases\(^1\). Although surgical resection remains the most common treatment modality of Warthin tumor, a growing body of evidence suggests conservative management may also be appropriate\(^2\).

Mr. S was an 87-year-old man with a history of advanced COPD (FEV1: 0.6 L) on chronic oxygen therapy who presented for pre-operative evaluation prior to elective surgery for a Warthin tumor. He initially noted swelling in the right pre-auricular area 2-3 years prior. This area had progressed in size very slowly and otolaryngology was recommending resection.

He denied symptoms associated with the mass including pain, facial nerve palsy, oral dysphagia, or dyspnea. He had no history of cerebrovascular accident, myocardial infarction, congestive heart failure, diabetes, or renal insufficiency. Physical exam revealed stable vital signs, an elderly, thin man, ambulatory with assistance of a 4-wheel walker, a visible, firm, 4 cm diameter right parotid mass, bilateral cataracts, and clear but faint breath sounds with a prolonged expiratory phase. His risk for a post-operative cardiac event was low but his risk of pulmonary complications was calculated at 42.1%\(^3\).

Stepping back from the routine of the pre-operative visit, the next question was not one that had been asked before. “Mr. S, how do you feel about this tumor and having surgery?” Mr. S’s response conveyed clear indifference about the tumor’s presence and its impact on his appearance. He was not concerned about the risk of cancer and was hesitant about elective surgery for this tumor particularly when the risks were openly discussed. However, something else was bothering him a great deal – cloudy vision due to bilateral cataracts. He voiced a strong desire to undergo cataract surgery and frustration about not having this problem addressed. Together, we decided to forego tumor resection and pursue cataract surgery.

“Listen to your patient” said Sir William Osler. But many patients don’t want to be seen as ‘difficult’\(^4\) and will hold back their questions and opinions, even going to a surgery they don’t want and might not need, as in this case. How many cases are like this one? Evidence indicates our case is far from rare, as between 21% and 44% fewer patients

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opted to undergo common elective surgeries after a shared decision making process.\(^5\) In this era where we can do so much to patients and it is not clear how much we are actually doing for them,\(^6\) it is imperative that providers make space for the patient to speak candidly.

Although the typical approach to a Warthin tumor is surgical resection, any potential benefits were far outweighed by the patient’s indifference to have the tumor removed not to mention the potential risk of surgery such as life-threatening pulmonary complications or facial nerve damage. What instead became the top priority was what the physicians had initially been blind to themselves; what was blinding the patient.
