

Early Diagnosis of Head and Neck Malignancies

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Introduction:

Head and neck cancer is the leading cancer among Sudanese male population. Prognosis in malignancy in general is better when early diagnosis is made and no doubt in many cases 100% 5-year survival rate or cure can be achieved with early diagnosis and appropriate management. Early diagnosis can be achieved in a few head and neck malignancies such as nasopharyngeal carcinoma, hypo pharyngeal carcinoma, carcinoma of the oral cavity and carcinoma of the larynx. Knowledge of the early symptoms and signs together with a high suspicion index is the key to early detection. In this review article, the author is reflecting his long experience over thirty years and his publications related to the subject of head and neck malignancies in the Gezira State which is inhabited by the bulk of the population of the central Sudan.⁽¹⁾

Nasopharyngeal Carcinoma (NPC):

NPC is one of the commonest head and neck malignancies among adult male Sudanese patients and it produces a wide range of symptoms and signs at different stages of the disease. There are always few early symptoms and signs which can be detected. Of the early symptoms are those related to the ear on the affected side and neighboring cranial nerves. The most common complaints at these early stages are ear fullness and hearing loss in the ear on the affected side and recent severe headaches in relation to trigeminal nerve branches. Sometimes bloody nasal discharge or unexplained severe epistaxis should alert the treating doctor to the possibility of an associated NPC.^(2,3)

Important early signs include conductive hearing loss due to secretory otitis media and palatal paralysis on the affected side. This is due to the fact that the commonest site for tumor development is the fossa of Rosenmuller which is situated above the Eustachian tube orifice. Although most of NPC cases at presentation have enlarged cervical lymph nodes due to metastasis, lymph node enlargement is considered as a late sign. Any one of the early signs should raise the suspicion of NPC, two signs are highly suspicious and three signs are pathognomic (Trotter's triad). Suspected cases should have nasi-endoscopy and biopsy. Diagnosis is established by histopathological examination.⁽³⁾

Hypo pharyngeal Carcinoma:

Early symptoms of hypo pharyngeal tumors are related to swallowing. These tumors are more common among females specially the postcricoid carcinoma, which is known to occur more frequently among patients suffering from dysphagia and iron deficiency anemia (Synonym: Plummer– Vinson syndrome or Patterson Brown Kelly syndrome or Sideropenic dysphagia). This premalignant condition is not an uncommon condition in Sudanese patients. Enquiry about eating and swallowing habits is essential to detect it as patients tend to adapt with their chronic difficulties in different ways such as taking a small bite or spending more time on chewing⁽⁴⁾. Adult females who have difficulty in swallowing or sensation of a lump in the neck should be assessed for the possibility of such a tumor. Loss of laryngeal crepitus which is a very simple clinical sign, which can be taught to patients for self examination, is a very pathognomic sign of the postcricoid type of hypo pharyngeal carcinoma. Pooling of saliva in the pyriform fossa is a very indicative sign^(5,6). Soft tissue lateral view of the neck is a very useful simple radiological investigation tool as there are two contrast media, which are the air and bone shadows, an increase in the soft tissues of the pharynx

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is well demonstrated in this view. A soft tissue swelling of pharyngeal tissues equal or more than the width of the cervical vertebra behind is pathognomonic of postcricoid carcinoma. Suspected cases should have endoscopy and biopsy. Pharyngolaryngoesophagoscopy should always be performed for better assessment of tumor extension. ⁽⁷⁾ **Carcinoma of the oral Cavity:**

Border of the tongue, which is usually associated with a sharp tooth edge, should be taken seriously and the offending tooth extracted or blunted. Dental ulcers if persist, should be seriously considered and subjected to biopsy. ⁽⁸⁾ These tumors are more common among male elderly patients and are associated with poor oral hygiene and bad teeth. These tumors can be preceded by premalignant lesions such as leukoplakia and erythroplakia. Dental ulceration of the lateral **Carcinoma of the larynx:**

This tumor is one of the tumors that should always be diagnosed early as hoarseness of voice is one of the very early symptoms. The tumor is more common among smoker adult males. Any patient with hoarseness of voice should have an ENT opinion. Laryngoscopy and biopsies are the most useful tools for diagnosis. ⁽⁹⁾

Other tumors:

Carcinoma of the maxilla which is usually a squamous cell carcinoma can be detected early in the elderly patients presenting with loosening of the upper teeth. Adenocarcinoma is well known in hard wood industry and workers in this industry should be screened for it.

Tonsillar tumors should be suspected in cases of grossly enlarged asymmetrical tonsils. Following tonsillectomy in these cases both tonsils should be sent for histopathology.

Second primary tumors are known to occur in patients who had upper aero digestive tract malignancies and the commonest site for the development of second primary is the oesophagus.

Poor oral hygiene and badly carious teeth are associated with malignancies of the upper aero digestive tract and should always be catered for.

Conclusion:

Early diagnosis can be achieved in a few head and neck malignancies such as nasopharyngeal carcinoma, hypo pharyngeal carcinoma, carcinoma of the oral cavity and carcinoma of the larynx. Knowledge of the early symptoms and signs together with a high suspicion index is the key to early detection and higher survival rates.

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