

Head & Neck Tumors III: Mucosal Tumors

Doctor's notes:

Mucosal tumors:

1. Oral cavity tumors
2. Pharyngeal: nasopharynx, oropharynx, hypopharynx
3. Laryngeal

For ease, we will divide to two groups:

Group A: Nasopharynx

Group B: oral cavity, Oropharynx, Hypopharynx and larynx. All share the same picture.

Oral cavity:

1. Presenting symptoms: are usually unilateral.

Local symptoms: pain, ulcer, difficulty in swallowing and bleeding from the tongue

Neck mass: at level 1

2. risk factors:

- I. Smoking
- II. Alcohol
- III. Poor dentition- oral hygiene,
- IV. Trauma,
- V. HPV- human papilloma virus.

3. most common cancer in oral cavity:

Tongue squamous cell carcinoma

4. treatment:

Stage 1,2 (early stage): one single modality either surgery or radiation

Stage 3,4 (late stage): two modality either surgery with radiation or chemotherapy with radiation

N.B. In oral cavity we prefer to start with surgical intervention

Oropharynx, hypopharynx and larynx:

1. presenting symptoms: as the oral cavity symptoms with the following exceptions: More swallowing problems, dysphagia and hoarseness.

2. Risk factors: same as oral cavity risk factors with the following exceptions: instead of poor oral hygiene we have reflux as a risk factor.

3. most common cancer:

squamous cell carcinoma.

4. treatment: non-surgical modalities are preferred

Stage 1,2 (early stage): one single modality either surgery or radiation. Radiation preferred.

Stage 3,4 (late stage): two modality either: surgery with radiation, or chemotherapy with radiation (preferred).

Nasopharynx:

1. presenting symptoms:

Local symptoms: unilateral nasal obstruction, unilateral epistaxis, and unilateral ear problem

Neck mass: the most common symptom in nasopharynx

2. Risk factors:

a. Occupation- factories, it's a risk factor for sinuses cancer. The rest are the main risk factors for nasopharyngeal cancer

b. Virus: EBV- Epstein Barr virus

c. Genetics and family history.

d. Diet: salt and fish.

3. most common cancer:

squamous cell carcinoma.

4. Treatment: no surgical role

Early stage: radiation alone

Late stage: radiation and chemotherapy

Quiz1:

Case: 42-year-old lady with a neck mass at level 2:

Q1. What are the investigations that should be done?

CT and Fine Needle Aspiration (FNA)

The CT showed a nasopharyngeal mass in the lateral side and the FNA revealed a squamous cell carcinoma

Q2. What's your diagnosis?

Nasopharyngeal cancer

Q3. What would be your management?

Since it presented with a neck mass then it's a late stage, Radiation and chemotherapy, no surgical option or role

Q4. What are the risk factors for this condition?

Diet fish and salt, genetic, EBV

Quiz2:

Case: midline large neck mass

Q1. What are the investigations that should be done?

It's most likely a thyroid mass then we should do an Ultrasound and FNA but this mass is large so we prefer to do a CT scan.

FNA turned to be benign

Q2. Would you do surgery for this patient?

It's benign therefore no surgery is required, but in this case we operate because it's large in size and compressing on other structures.

Quiz3:

Q1. Describe the picture.

A lesion on the lower border of the oral cavity.

Q2. What are the investigations that should be done?

CT and biopsy (instead of FNA- because mucosal)

Q3. What's the most common cancer?

Squamous cell cancer.

Q4. How would you manage this patient.

Surgery or radiotherapy (what would you prefer? Surgery)

Quiz4:

Case: Lesion in the hypopharynx:

Q1. What are the investigations that should be done?

CT and biopsy that should be done in the OR because it's deep and dangerous.

Q3. What's the most common cancer?

Squamous Cell Cancer

Q4. What are the risk factors for this condition?

HPV, trauma, oral hygiene, smoking and alcohol.

Q5. How would you manage this case?

radiation or surgical but we prefer non surgical treatment.

Quiz 5:

Case: Parotid mass

Q1. What would be your next step?

CT and FNA

FNA came back to be a high grade mucoepidermoid tumor.

Q2. How would you manage this case?

Surgical mass dissection and post-operative radiation.

Remember the rule of 80.

Quiz 6:

Brachial cyst spot diagnosis

Quiz 7:

Case: Unilateral Oropharyngeal mass

Q1. What would be your next step?

Ct and biopsy.

Q2. What's the most common cancer?

Squamous Cell Carcinoma

Q3. How would you manage this case?

Radiation and surgery (you have to split the mandible) or radiation with chemotherapy (2nd option is preferred)

Discussion: who should do the thyroid surgeries?

Thyroid surgeries can be done by: general or endocrine surgeon, general ENT surgeon, head and neck surgeon

The best is ENT head and neck surgeon

General ENT and general surgeon better not to do it

Head and neck ENT are the best to do but endocrine are also good at it.

427 notes:

Tumors of the oral cavity:

1. **Risk factors:** smoking, alcohol and HPV (16).
2. **Diagnosis (evaluation):** Hx, PE, DDx, investigation (CT+ tissue biopsy).
3. **The most common site is the tongue.**
4. **Premalignant lesion:** leukoplakia in the buccal area, erythroplakia, submucous fibrosis.
5. **Malignant lesions:** SCC is the most common.
6. **Treatment:**
 - Early stage: surgery or radiation (single modality)
 - Late stage: surgery with radiation or chemotherapy with radiation.

Tumors of the pharynx:

1. **Nasopharynx:**
 - Very common in KSA.
 - SCC is the most common because the lining of the pharynx is squamous epithelium.
 - 3 subtypes: keratinized, non-keratinized, undifferentiated (the best prognosis).
 - **Risk factors:** EBV, genetics- Chinese.
 - The first most common presentation is neck mass at level 5 in the posterior triangle.
 - The second most common presentation is an adult with unilateral OME.
 - **Treatment:** no role of surgery
 - Early stage: radiation
 - Late stage: radiation and chemo.

2. **Oropharynx:**

- Components of the oropharynx: tonsils, tongue base, soft palate, posterior pharyngeal wall.

- **Risk factors:** smoking and alcohol.
- **Like oral cavity:** 3 premalignant lesions and 1 malignant lesion (SCC).
- **Treatment:** like oral cavity.

3. Hypopharynx or laryngeopharynx:

1. The 2nd most common head and neck tumor associated with plummer Vinson syndrome.
2. Between the hard palate and the hyoid bone.
3. SCC is the most common type.
4. **Risk factors:** smoking and alcohol.
5. **Components of the hypopharynx:** piriform sinus (the most common site), post-cricoid area, posterior pharyngeal wall.
6. The most important about these tumors that they usually have sub-mucosal spread, therefore we have to excise the lesion with safe margin, then do histopathology (if it becomes positive then it contains tumor cells)
7. **Treatment:** like oral cavity
8. It a nasty surgery because you have to excise adjacent structures as the larynx.

Tumors of the larynx:

1. **Parts of the larynx:** supra-glottic, glottic, infra-glottic.
2. The 1st most common head and neck tumor.
3. **SCC:** Is the most common type
4. **Risk factor:** smoking, alcohol, acid reflex (metaplastic changes), HPV.
5. Treatment as in oral cavity.

Laryngeal papillomatosis:

1. The most common benign laryngeal tumor.
2. Caused by HPV (most commonly 6,11 but 16,18 more common to develop malignant transformation).
3. **The most common site is:** 1.vocal folds. 2.sub-glottic area.
4. Common in pediatric age group because the cervix is usually infected with HPV, so the virus will be transmitted during birth.
5. It is benign but sometimes it becomes malignant.
6. **Investigation:** biopsy
7. **Treatment of benign tumors:** laser the main treatment, microdoplizer.
8. **Adjuvant treatments:** interferon, intralesional acyclovir, vitamin A, photodynamic.

Very important notes:

-Staging:

- For nose and larynx: by location
- For oral cavity and pharynx: by size
- The most common tumor of (oral cavity, pharynx, larynx) is SCC.
- Treatment of SCC at (oral cavity, oro-hypo pharynx, larynx):

Early stage: surgery or radiation

Late stage: surgery and radiation or chemotherapy and radiation.

-When do you consider and open biopsy in the neck:

1. If FNA was not conclusive
2. If FNA at least for 3 times: pathologist may consider lymphoma (cannot confirm diagnosis).