http://jmscr.igmpublication.org/home/
ISSN (e)-2347-176x ISSN (p) 2455-0450
crossref DOI: https://dx.doi.org/10.18535/jmscr/v8i8.25

IGM Publication
Journal Of Medical Science And Clinical Research
An Official Publication Of IGM Publication

A Clinico-Pathological Study of Oropharyngeal Malignancies

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Abstract
Oropharyngeal carcinoma in India has a high incidence and is often discovered at advanced stage, therefore has poor prognosis. More than 90% of them are squamous cell carcinoma. The study was carried out to study clinical aspects and pathological pattern of these tumors in rural area of India.
Keywords: *Oropharyngeal, Prognosis, Squamous, Carcinoma, Rural.*

Introduction

Head and neck cancer includes tumors that arise from the oral cavity, oropharynx, larynx, hypopharynx and sinonasal tract. It is a very serious health care problem in many parts around the world[1]. These tumors are linked by common characteristics including appearance in the 5-6th decade of life and male predominance. A strong etiological link with tobacco, alcohol or betel nut chewing etc[2].

Oropharyngeal carcinoma is a disease with increasing incidence and mortality throughout the world. Alcohol and tobacco abuse are the strongest predictors of oropharyngeal carcinoma. Human papilloma virus (HPV) infection is strongly implicated in people not exposing to smoking or alcohol. Its incidence varies from region to region. These cancers are often discovered at advanced stage, thereby leading to poor prognosis and longer hospital stay. Early diagnosis of most of these cancers have very good prognosis. However, a delay in diagnosis and intervention impairs the patient's quality of life.

This prospective study is aimed at determining the distribution of oropharyngeal malignancies in terms of age, sex, personal habits, symptoms, histopathological type and differentiation.

Material and Methods

The prospective study was conducted at Regional Hospital Kullu, Himachal Pradesh, India over a period of one year w.e.f. July 2019 to June 2020. In all cases, the biopsy was taken under local anaesthesia and the specimen was sent for histopathological examination. After histopathological confirmation of oropharyngeal malignancies: details about the demographic profile, personal habits like smoking, consumption of alcohol, presenting complaints, histopathological type, and differentiation were recorded and analyzed.

Observations

The present study involved 18 patients of oropharyngeal carcinoma. Maximum number of cases 14 (78%) were seen in the 5th-6th decade of their life. Mean age of presentation was 56.5 years. Majority of cases were male i.e. 16 (89%) and 2(11%) female. Most of the cases 16 (89%) presented within 7 months after the onset of symptoms. Regarding personal habits, 12 (66.6%) had history of smoking and alcohol consumption was found in 14 (77.7%) patients. Four (22.2%) patients had no habits.

Majority cases presented with difficulty in swallowing and pain 12 (66.6%) followed by lump in the neck 6 (33.3%). On examination, 14 (77.7%) of cases had ulceroproliferative type of growths followed by smooth surface bulge 4(22.2%). Most of cases 12 (66.6%) presented in T2 stage. Nodal metastasis was present in 7 (38.8%) of cases. Histopathologically, 16(89%) cases were of squamous cell carcinoma and 2 (11%) of adenocarcinoma. Out of which 10(55.5%) cases were moderately differentiated, 5(27.7%) well differentiated and 3(16.6%) were poorly differentiated type.

Discussion

In the present study, mean age of presentation was 56.5 years while Elwood et al (1984)[3] reported 59.8 years as mean age of presentation. The higher incidence of oropharyngeal carcinoma in males may be due to the increased rate of tobacco and alcohol consumption. Moreover, tobacco is consumed by males in both smoking and chewing form, whereas native Indian females usually do not indulge in smoking. This difference can also be attributed to more males seeking early medical consultation.[4]

Majority of patients presented with pain and difficulty in swallowing 12 (66.6%) which is in accordance with the study of Rubright et al (1996)[5]. In the present study, 14 (77.7%) of cases had ulceroproliferative type of growths followed by smooth surface bulge 4(22.2%). In contrast to the present study, Wahi et al (1965)[6] reported ulcerative growth (56.4%) cases as the most common presentation followed by diffuse infiltrative (37.3%) and exophytic (3.7%) type of growth.

In the present study, histopathologically 16(89%) cases were of squamous cell carcinoma and 2 (11%) of adenocarcinoma. Elwood et al (1984)[3] in their study reported 95.4% of cases as squamous cell carcinoma. Sankaranarayan et al (2005)[7] emphasized the importance of screening programs in early detection of oral malignancies, as even a non-medical person can detect any changes in the mucosa of the oral cavity by inspection alone.[2] A large number of oral cancers can be prevented through the implementation of available knowledge on the etiology of oral cancer, screening for early detection and preventive into clinical practice.

Conclusion

Oropharyngeal carcinomas are among the most common malignancies encountered in clinical practice. This study revealed that oropharyngeal cancer occurs most frequently in 5th-6th decade of life with male preponderance. There is an urge to raise awareness and educate people regarding detrimental effects of alcohol and tobacco consumption, importance of dental hygiene, oral self-examination and the availability of preventive health care services.

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