



Jeevodaya Hospice

1/86, Kamaraj Road, Mathur, Manali P.O., Chennai - 600 068.
Tel. : 2555 5565 / 2555 9671 Email : jeevodaya@vsnl.com
Website : www.jeevodaya.org

Vol. V – Issue 4, Jan., Feb., Mar., 2005
A Quarterly News Bulletin



For Private Circulation - Re. 1.00

Sr. Hermas F.C.C., Chairman

Dr. R. Nanjunda Rao, President

Editorial

The incidence of cancer is on the rise. More and more people are succumbing to cancer. The cause may be the changed lifestyle and food habits, the polluted air, water and earth. The horror of this fact is partly balanced by the awareness that cancer can today be cured if diagnosed early enough. Victims are able to lead productive lives after they have been first diagnosed. One of the commonest forms of cancer, especially among the youth of Chennai, is head and neck cancer. This issue takes a look at the cause and treatment of this disease.

On a more cheerful note, Easter is around the corner. Easter celebrates the victory over sin and death and therefore is a day of promise and hope. Jeevodaya wishes all the readers who may be engaged in some form of battle or the other, victory and above all peace of mind. God Bless.

– Sr. Lalitha Teresa F.C.C
Editor

THE TAMILNADU ASSOCIATION FOR PALLIATIVE CARE & JEEVODAYA jointly organised a Continuing Medical Education [CME] programme on the 18th of March at the Golden Jubilee Hall of the Andhra Mahila Sabha Hospital. The Guest of Honour was Brig. Dr. C.R.Suryanarayan who delivered the inaugural lecture on “Non-invasive Radiosurgery in Terminal Illness”. The function was presided over by Dr.NanjundaRao, Patron- Chairman, TNAPC and President, Jeevodaya. The function was well attended and members welcomed the suggestion of hosting such CME programmes on a regular basis atleast once in two months at different venues.

ENT (Ear, Nose, Throat) Cancer

We are all aware of the fact that the incidence of cancer is increasing day by day. In India, the estimated annual new cases are over 8,00,000. As per the data from the MMTR, one out of nine men and one out of eight women develop cancer. The exact aetiology for cancer is not yet known. In Chennai, the highest incidence of cancer in the whole body is in the region of head and neck.

The probable causes (Pre disposing factors) are as follows: -

Cancer Ear

1. Long standing ear discharge
2. Exposure to radioactive materials, Previous radiotherapy

Cancer – Nose, Para Nasal sinuses & Nasopharynx

1. Workers in Nickel Industry
2. Workers in coal tar (road laying)
3. Wood workers (furniture making)
4. Boot or leather industry workers
5. Dental Sepsis
6. Previous Radiotherapy

***In India,
the
estimated
annual
new
cases are
over
8,00,000.***

7. Virus- Epstein Barr Virus
8. Genetic Factor

Cancer – Throat – Food Passage

a. Cancer – Pharynx

1. Chewing Tobacco, Betel leaves, Pan parag & areca nut
2. Smoking Beedi & Cigarettes
3. Consuming Alcohol
4. Spices
5. Sepsis – Tooth, Tonsil
6. Previous Radiotherapy
7. Iron Deficiency – Anaemia and Vitamin deficiency
8. Susceptibility – Genetic - Hereditary

b. Cancer – Oesophagus

The previous 8 causes and

9. Reflux Oesophagitis
10. Achalasia
11. Corrosive Stricture
12. Pharyngeal Pouch/ Diverticulum

c. Cancer Cheek & Tongue

The previous 1 to 8 and

Sharp teeth

Cancer – Larynx & Trachea – (Air Passage)

1. Smoking
2. Alcohol
3. Asbestosis
4. Hoarseness due to laryngeal lesions like Keratosis, Leukoplakia, Solitary Papilloma
5. Voice abuse producing chronic laryngitis
6. Environmental pollution
7. G.E.R.D – Gastric Reflux
8. Previous Radiotherapy
9. Genetic factor – (hereditary)

Early Symptoms Of ENT Cancer Are As Follows :-

Cancer Ear

1. Change in the character of ear discharge in a case of long standing ear infection C.S.O.M – becomes blood stained, more foul smelling
2. Pain in Ear
3. Bleeding from Ear

Facial nerve paralysis & Hearing defect are late symptoms

Cancer Nose - Para Nasal Sinuses

1. Nasal obstruction – one side only
2. Blood stained nasal discharge
3. Lacrimation
4. Dull pain over the face
5. Tooth ache, fall of teeth

Swelling in the face and Proptosis (protrusion of eyeball) are late symptoms)

Cancer - Naso Pharynx

1. Neck nodal swelling – mistaken for T.B gland
 2. Nasal symptoms – block, bleeding from nose
 3. Ear symptoms – ear block, ear pain, ear discharge
- Headache, neuralgic pain, nerve paralysis, blindness, proptosis are late symptoms.

CANCER THROAT

Cancer – Tonsil & Tongue

1. One side throat pain more on swallowing
2. Ear pain on the same side.

Difficulty in swallowing & muffled voice is late symptoms

Cancer Pharynx

1. Sense of sickness
2. One side throat pain
3. Difficulty in swallowing – first for solids and then for liquids also
4. Alteration in voice
5. Cough due to aspiration
6. Neck node swelling

Cancer – Oesophagus

1. Sense of sickness while taking food.
2. Vague discomfort on swallowing
3. Increase dysphagia – (Difficulty in swallowing)
Emaciation and chest pain are late symptoms

Cancer Larynx & Trachea

1. Hoarseness
2. Discomfort in throat
3. Sickness and irritation , Hawking
4. Blood stained sputum

Difficulty in breathing, stridor and neck nodal swelling are late symptoms

As most of the probable causes for ENT cancers are preventable, the incidence of cancer can be reduced. The awareness of the early symptoms of ENT cancer leads to timely diagnosis, well planned treatment, resulting in good prognosis.



Laryngetomee



Cancer - Larynx

Cancer of the larynx (voice box)

In India there are 25,000 new cases of Cancer Larynx every year. In Chennai, the highest incidence of cancer in the whole body is in the region of head and neck. Out of which, larynx is the commonest site of cancer.

Cancer larynx is dreadful because of the miserable quality of life due to the inability to speak, breathe and eat normally. To add to this, most of them need a life long tracheostomy – an opening made in the neck (trachea) to breathe – because the tumor blocks the laryngeal air passage.

In spite of the above problems, cancer larynx is one among the few cancers having a very good prognosis. It is because early diagnosis is possible and excellent treatment modalities and rehabilitation advancements are available.

Cancer larynx is more common in men than in women (8: 1 ratio) and is usually seen over 50 years. The major etiological factors are smoking and alcoholism. The carcinogens (cancer producing substances) are coal, tar products, wood dust, nickel, leather products, paint and diesel fumes. In our studies 75% of patients with Laryngeal Cancer are cigarette / beedi smokers. It is extremely rare in non-smokers.

Heavy alcohol intake increases the risk by three times of non-drinkers. Consumption of alcohol along with cigarette smoking increases the relative risk by 50% (Covels 1983) chewing tobacco and betel nut is again found among laryngeal cancer patients. It has been postulated that the P 53 gene may be one of the genetic elements by which tobacco associated mutagens produce effect in Larynx and Lungs. Environmental pollution and asbestosis add up to the causative factors. It is worthwhile to remember that most of the above aetiological factors are preventable.

There are pre-malignant and early malignant lesions (WHO):

- (a) Hyperplasia
- (b) Keratosis
- (c) Dysplasia – mild, moderate and severe – Carcinoma in situ.

Adult solitary papilloma of larynx though benign can turn malignant. Faulty usage of voice (voice abuse) as in street vendors, politicians, clergy and orators does produce alteration of vocal cord mucosa & premalignant laryngeal lesions.

In the larynx, the vocal cords are most involved (65%). Squamous cell carcinoma is the commonest pathological type of tumor. Hoarseness of voice is the earliest and usual symptom of vocal cord cancer. Anyone having hoarseness for more than two weeks should consult an ENT Surgeon. Hawking sensation, stickiness, mild cough, blood stained sputum are other symptoms. Difficulty in swallowing and nodal swelling in neck is the late symptoms in advanced stages.

Most of the early cancers of larynx can be diagnosed even in the first visit of the patient either mirror examination or by Video Laryngoscopy (Fibro Optic Laryngoscopy). Using operating microscope, Direct Laryngoscopy (MLE) can be done to know the exact site, size and extent of the tumor and to take biopsy for confirmation. CT scan or MRI and other radiological examination will be useful for staging and planning the modality of treatment.

Treatments available at present are :-

1. Radiotherapy
2. Surgery
3. Chemotherapy

They can be applied separately or in combined manner. Early Laryngeal cancers (T1 T2 stage) are treated with radiotherapy with excellent results and preservation of voice and speech. Late cancers are best treated by combined modality of surgery and

radiotherapy. Surgery can either be partial laryngectomy with voice conservation or Total Laryngectomy with Tracheo Oesophageal puncture for speech restoration. Medical Oncologists are on the scene in advanced laryngeal tumours by their clinical trial with chemotherapy as an adjuvant in palliation.

Rehabilitation of these patients is very important, as the prognosis of properly treated laryngeal cancer is very good. More than 80% of them live for five years and more. They have better quality of life (QOL) with speech rehabilitation by new surgical techniques and voice prosthesis. Social rehabilitation by forming 'Laryngectomy club' brings the patient to near normal life. The laryngectomee members interact with each other, improve their QOL socially, morally and spiritually too. Most of the patients are able to go back to their job after treatment, Timely diagnosis. Well-planned treatment and rehabilitation bring marvellously good results in cancer larynx when compared to cancer in other regions of the body.

Dr. Pacifica Simon
ENT Surgeon

