



Clinic and Diagnosis of Benign Tumors of the Laryngopharynx

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Abstract: Improving early diagnosis of tumors of hypopharynx and organization of specialized care to patients - a common goal of oncologists and otolaryngologists, the achievement of which will effectively treat these patients. In a large clinical material analyzed the data of the clinical course and given a detailed assessment of each of the methods of diagnosing tumors hypopharynx. It was concluded that the feasibility of using fibroendoskopicheskogo research to identify a benign tumor in the early stages of the hypopharynx.

Keywords: hypopharynx tumor, symptoms, diagnosis.

Relevance. The larynx, which is the intersection of the respiratory and esophageal tract, closely borders the larynx and esophagus. This circumstance causes the complexity and diversity of symptoms in lesions of the laryngopharynx, and their diagnosis is more complex and less studied than other localizations of the pharynx and larynx.

Purpose and tasks. To study the clinic and methods for diagnosing benign tumors of the laryngopharynx, to evaluate each diagnostic method.

Material and methods of examination: we examined 42 patients with benign tumors of the laryngopharynx (BTLPh). The age of patients with BTLPh ranged from 27 to 56 years, the average age was 38 ± 3.5 years.

Taking into account the histological structure, the following types of BTLPh were identified: fibroma (74%)-31, papilloma (19%)-8 and angiofibroma (7%)-3.

Of course, the starting point for targeted research and orientation in the affected upper respiratory tract are the complaints of patients and the clinical symptoms detected in them.

Considering that in a number of cases there were clinical manifestations characteristic of lesions of the lower pharynx and larynx, we decided to analyze the clinical symptoms, dividing the patients into 2 groups:

Group I - 24 patients who have identified symptoms characteristic of the defeat of only the lower pharynx;

Group II - 18 patients who have identified symptoms characteristic of lesions of the lower pharynx and larynx.

An analysis of the clinical symptoms shows that for the patients identified in group I with lesions of only the elements of the lower pharynx, complaints of a pharyngeal nature were mainly characteristic: feeling of a foreign body (100.0%), increased salivation (90.0%), choking on food, water (85.0%), difficulty in swallowing food (70.0%), food retention (46.7%), local pain in the deep throat (88.3%), and so on.

In patients with benign tumors of the laryngopharynx of the II group of patients, the following symptoms were also revealed:

- ✓ local pain when swallowing, sometimes with irradiation to the ear;
- ✓ functional pharyngeal disorders of various nature;

Symptoms characteristic of lesions of the larynx (hoarseness, stenotic breathing) were not typical for benign neoplasms of the lower pharynx and accounted for 20.0%, respectively. These laryngeal symptoms, apparently, should not be regarded as "early" signs of damage to the lower pharynx.

From our point of view, the most common, frequent and early symptoms of laryngopharyngeal lesions, apparently, include "discomfort" in the form of a sensation of a foreign body in the throat, pain when swallowing and "local" pain.

An important role in the diagnosis of tumors of the lower pharynx is played by the targeted detection in patients during the initial visit to doctors of symptoms of dysfunction of the laryngopharynx when swallowing a contrast mass. At the same time, we found that in patients with tumor lesions of the laryngopharynx, the following symptoms are clinically clearly identified:

- "swallowing", that is, repeated swallowing movements in the absence of a sufficient amount of contrast mass in the oral cavity and pharynx;
- swallowing in fractional doses, when the patient swallows 1 tablespoon of the contrast mass with several swallowing movements;
- "choking" when swallowing a contrast mass;
- obstruction.

Depending on the severity of certain symptoms, patients in 22 cases (52.38%) turned to ENT doctors, in 12 (28.57%) - to surgeons, in 4 (9.52%) - to therapists and in 4 (9.52%) - to neuropathologists.

According to the clinical orientation of doctors, to whom patients with benign laryngopharyngeal neoplasms turned, a wide variety of diagnoses were initially made and one or another type of treatment was carried out. This information was analyzed in 42 patients (Table 1).

Table 1. Diagnoses made by doctors during the initial treatment of patients with benign neoplasms of the laryngopharynx

Primary Diagnosis	absolute number	(%)
Pharyngitis	8	19,0
Chronic tonsillitis	17	40,5
Lymphadenitis	3	7,1
Esophagitis	5	11,9
Laryngitis	7	16,7
Osteochondrosis of the cervical spine	2	4,8
Total	42	100,0

Noteworthy in this rather diverse list of primary diagnoses is the absence of any “hint” of damage to the lower pharynx. Most often (51.79%) such relatively harmless diagnoses as pharyngitis, tonsillitis, laryngitis were made.

The timing of patients seeking medical help and making a diagnosis from the moment the first disturbing symptoms appear is presented in Table 2.

Table 2. Terms of patients seeking medical help and making a diagnosis from the moment the first disturbing symptoms appear

Months	Contacting a doctor		Establishing diagnosis	
	absolute number	(%)	absolute number	(%)
until 3	11	26,19	6	14,28
3-6	22	52,38	14	33,34
6-9	5	11,90	9	21,43
9-12	3	7,14	8	19,05
over 12	1	2,39	5	11,90
Total	42	100,0	42	100,0
Average terms	4,8+1,5 Months		7,4+1,5 Months	

The distribution of patients, taking into account the stage of the tumor, is presented in Table 3. In most patients, the tumor was detected in the second, then the third stage of BTLPh. Despite a relatively good overview of the laryngopharynx, 76.2% of patients applied in the second stage of the spread of the disease.

Table 3. Distribution of patients taking into account the stage of BTLPh

Stage	Total	Type of tumor		
		Papilloma	Angiofibroma	Fibroma
I stage	3 – 7,1%	2	-	1
II stage	32 – 76,2%	4	3	25
III stage	7 – 16,7%	5	-	2
TOTAL	42 – 100%	8	3	31

The main part of patients with neoplasms of the laryngopharynx gets an appointment with an otorhinolaryngologist or a GP, and it is they who should solve the problems of primary diagnosis. In connection with the above, we consider it appropriate to analyze the possibilities of diagnostic methods for the study of ENT organs used in the clinic.

Thus, the analysis of clinical case histories of patients with benign laryngopharyngeal neoplasms showed the following:

1. 92.9% of patients with BTLPh enter the second and third stages of the spread process.
2. The earliest symptoms that should alert polyclinic doctors in terms of possible “ill-being” in the laryngopharynx can be such uncomfortable phenomena as “feeling of a foreign body” in the throat, local pain, and increased salivation. Patients with these complaints should be taken to the dispensary. In cases of ineffectiveness of conservative measures taken within 10 days and in the absence of local manifestations of banal diseases, additional studies are recommended.

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