



The Combined and Complex Method of the Treatment of Throat Tumor

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Abstract Throughout the world, neck and head tumors are on the 5th place in their occurrence and on the 7th place in mortality. These facts are much approximated because the registration of tumor cases all over the world is badly organized. In addition, there is a big difference between regions of the world according to the popularity of neck and head tumors. Although there is deficit of information about its popularity in developing countries, we have facts about increasing of cases of neck and head tumors in many regions because of growing use of alcohol and tobacco.

Most of malignant tumors of mouth mucous cavity are localized on the tongue (50-60%) and mucous mouth floor (20-35%). Tumors rarely develop on mucous of the hard palate (1,3%). The average age of sick patients is 66,65 for men and 68 for women.

Keywords: cancer, throat, treatment, combined.

The most crowded from malignant grows of neck and head metastasis is tumor of laryngeal pharynx, up to 60% in primary appeal. At tumors of mucous mouth cavity and oropharynx lymphogenic metastasis are met in 30-80% of cases. In author's facts, metastasis on neck at tumor of front half of tongue are diagnosed in 35-45% of cases, at tumor of back parts in 70-75% cases. At tumor of rotating part of tongue – in 46.9%, at tumor of tongue's root- in 68.5%.

The treatment of head and neck tumors depend on the localization of the primary tumor and the stage of tumor process. Also we should mean general somatic status of patient, because this multidiscipline treatment comes with a lot of side effects. Patients with attendant disease have lower survivability, independently of choosing the treatment method. The surgical method with using different methods of executing surgical intervention, till these days stays leading in the treatment of regional metastasis.

The surgical method is admitted only in treatment of stage I tumors that may radically move with good functional end. In other cases tumor of stage I-II is treated by radical method and complexly. Patients with diffused tumor always need complex treatment. The integral part in treatment of these patients apparently extended resections with doing reconstructive-reducing surgeries.

Using of neoadjuvant chemotherapy in some localizations or simultaneous chemotherapy and radio treatment let to the increase in the number of interference of preserving organs and to lead part of primary not resectable tumors into resectable condition.

Under our observation there were 258 patients that took treatment from 2002 till 2012. The analysis of the research is founded on retrospective and prospective researching of results the treatment of patients on the subject of throat tumor. By the terms of our research to all patients diagnosis was confirmed by morphological method.

List 1

Histological structure of tumors of pharyngonasal cavity included in research.

Histological structure of tumor	Number of cases	
	Main	Control
Planocellular carcinoma	44 (39,9%)	41 (28,3%)
Unornifing carcinoma: without lymphoid stroma	23 (20,4%)	32 (22,1%)
With lymphoid stroma	12 (10,6%)	35 (24,1%)
Undifferentiated carcinoma: without lymphoid stroma	13 (11,5%)	25 (17,2%)
With lymphoid stroma	10 (8,8%)	20 (13,8%)
Total n=258	n = 113	n = 145

In reduced table 1 you can see that 1/3 of all patients had planocellular structure of tumor, most frequently found unornifing carcinoma (43,4%).

According stage of illness patients were distributed as follows:

Stage	Tumor of throat n=258	
	Main	Control
T1 N2M0	1 (0,4%)	2 (0,8%)
T1 N3M0	5 (3,1%)	7 (2,7%)
T2N1M0	2 (0,8%)	6 (2,3%)
T2 N2M0	9 (3,5%)	11 (4,2%)
T2 N3M0	20 (8,5%)	17 (6,8%)
T3N1M0	14 (5,4%)	25 (9,7%)
T3N2M0	15 (5,8%)	27 (10,5%)
T3N3M0	22 (9,3%)	16 (6,2%)
T4 N1M0	5 (1,9%)	15 (5,8%)
T4 N2M0	9 (3,5%)	12 (4,6%)
T4 N3M0	11 (5,0%)	7 (2,7%)
Total	113 (43,8%)	145 (56,2%)

The control of defeating of neck's lymphacentrein the process of observation was done with the help of USR with fine-needle biopsy of suspicious, on the thing of metastasis defeating of lymphacentres. In all patients, the diagnosis was confirmed by morphological method. The patients were distributed according to the method of treatment on the next groups:

- 1 group was done course 1-stage-chemoradial therapy, 2-stage- surgical treatment(94 patients);
- 2 group of patients 1-stage-surgical treatment, 2 stage-chemoradialtherapy(83 patients);
- 3 group 1 stage-radial therapy,2 stage-surgical treatment(81 patients).

During the distribution,all patients took combine or complex treatment. In some cases (37 patients) in incident of insufficient resorption of pharyngonasal cavity tumor after 60 g of remote radiation additionally was done endocavitary therapy (brachytherapy) till SFD equal to 80 g.

The distribution of patients with throat tumor according to the group of research.

Group of research	main	control	total
1g.Chemotherapy+surgical	47	47	94 (36,4%)

treatment	(41,6%)	(32,4%)	
2g. Surgical treatment+chemotherapy	39 (34,5%)	44 (30,3%)	83 (32,2%)
3g. Surgical treatment+radial therapy	27 (23,9%)	54 (37,2%)	81 (31,4%)
Total	113 (43,8%)	145 (56,2%)	258 (100%)

The choice of treatment tactic, the order of conducting special methods of treatment depend on the localization of the primary tumor. If in tumors of oropharynx, primary tumor is easily removed by surgical method, in tumors of nasopharynx because of clinical-anatomical specifics surgical method is very troubled. In the following list the reduced information about localization of primary focus and used tactic of treatment depending on group of research. (list 4)

List 4.

The distribution of patients according to the primary localization of tumor and group of treatment in the main and control group.

Primary tumor	Main group n=113			Control group n=145		
	1 g	2g	3g	1g	2g	3g
Oropharynx n=93	13 (11,5%)	12 (10,6%)	12 (10,6%)	21 (14,5%)	18 (12,4%)	17 (11,7%)
Nasopharynx n=101	20 (17,7%)	14 (12,4%)	15 (13,3%)	17 (11,7%)	16 (11,0%)	19 (13,1%)
Laryngopharynx n=64	14 (12,4%)	13 (11,5%)	-	9 (6,2%)	10 (6,9%)	18 (12,4%)
Total 258	47 (41,6%)	39 (34,5%)	27 (23,9%)	47 (32,4%)	44 (30,3%)	54 (37,2%)

In the main group, the distribution of patients by chosen treatment tactic was the same. To patients with tumors of laryngopharynx of the main group were used different combinations chemoradial therapy with the surgical method of treatment, plans of treatment without chemotherapy in these patients weren't used.

In consideration of the aim of our research that concluded in improving the results of the surgical treatment and rehabilitation of patients with tumors of oropharyngeal part with regional metastasis, was planed to work out new method of spread lymphadenectomy with resection of neck's neurovascular structures. Then, in detail we decided to stop the surgical methods used in this work.

In group of patients, subjected to surgical method of treatment, after neoadjuvantchemoradial therapy directed remove of primary focus with lymphadisection was done in main group from 47 in 21(44,7%) cases. From them in 7 (14,9%) cases in the subject of tumor of oropharynx, in 5(10,6%) cases tumors of nasopharynx and in 9 (19,1%)cases tumors laryngopharynx. In 26 (55,3%) cases was done only neck's lymphadisection. In control group similar treatment was done at 47 patients, from them in 17 (36,2%) cases was done single-stage removing of primary focus and neck's lymphadisection and in 30 (63,8%) cases only dissection of neck'slymph nodes. Single-stage operation in control group was done from 17 patients in 10 (27,0%) cases on the subject of tumor of oropharynx, in 5 (13,5%) cases at tumor of nasopharynx and in 2 (5,4%) cases in the subject of tumors of laryngopharynx (list 5).

List 5.

Surgery method of treatment of first focus at tumors of throat.

Type of surgery	Number of patients
Subtotal removing of tongue	11 (9,4%)
Totally removing of tongue	9 (7,7%)
Tranceoral removing of tumor	20 (17,1%)
Removing of tumor through mandible	14 (11,9%)
Partial resection of larynx	21 (17,9%)
Extirpation of larynx	13 (11,1%)
Partial laryngopharyngoectomy	9 (7,7%)
Total n=117	100%

In the second group of researching from 39 sickness of main group in 17 (43,6%) cases was done single-stage operation on the first focus and in zone of regional lymphatic collector, in 22 (56,4%) cases only neck lymphodissection. From 17 patients 8 (20,5%) were with cancer of oropharynx, 6 (15,4%) with cancer of nasopharynx and 3 (7,7%) patients with cancer of laryngopharynx. In control group from 44 patients in 11 (25%) cases was done single-stage operation, from them 7 (15,9%) apropos of oropharynx's tumor, 3 (6,8%) of nasopharynx and 1 (2,3%) of laryngopharynx. In the third group from 27 patients of main group in 12 (44,4%) cases was done single-stage operation and in control group to 19 (35,2%) patients from 54. In other cases operation was limited by dissection of regional lymph nodes. Removing of first focus was done to 9 (30%) on the subject of tumor of oropharynx, 3 (11,1%) on the subject of nasopharynx. In control group 6 (11,1%) patients with tumor of oropharynx, 9 (16,7%) with nasopharynx and 4 (7,4%) patients with tumor of laryngopharynx.

Removing of first focus was done to 117 patients from them 50 (42,7%) from main group and 67 (57,3%) from control group. Different versions of lymphadisection of regional lymph nodes were done to 113 (100%) patients of main group and 103 (71,0%) patients of control group.

Results of treatment in main and control group because of using the same scheme and tactic of treatment were the same. It seems from the list 3.6 full effect was observed in 60 cases, almost in quarter cases treatment gave particular effect. To patients with big tumors or massive regional metastasis treatment not always gave positive results. In this researching part of these patients put together more then 16%.

List 6.

Direct results of conservative treatment of patients with tumors of throat in main and control group.

Group of researching	Full effect	Particular effect	Without effect	Progression
Main n=84	51 (60,7%)	21 (25,0%)	10 (11,9%)	2 (2,4%)
Control n=115	69 (60,0%)	25 (21,7%)	18 (15,7%)	3 (2,6%)
Total n=119	120 (60,3%)	46 (23,1%)	28 (14,1%)	5 (2,5%)

In group of patients with partial effect, result of resorption of first centre tumor and regional metastases were different. For example, from 46 patients with partial effect of treatment, in 31 (15,6) cases was marked full resorption of primary tumor, but wasn't observed full resorption of

metastases nodes. Cause for this, is using of different doses of radiation of first centre and zones of regional metastases.

At 199 patients was traced direct effect of treatment of first centre. From them 84 patients of main group, where by first stage of treatment of lesion focus (T) was done chemoradial therapy. In control group of patients, in 115 cases also by first stage was done chemoradial therapy with following surgical treatment (list 7).

List 7

Direct results of conservative treatment on the first focus.

Index	Main group n=84				Control group n=115			
	F.E	P.E	W.E	Pr.	F.E.	P.E	W.E	Pr.
T1 n=18	9 (10,7%)	-	-	-	8 (6,9%)	1 (0,9%)	-	-
T2 n=61	22 (26,2%)	8 (9,5%)	-	-	29 (25,2%)	2 (1,7%)	-	-
T3 n=71	17 (20,2%)	3 (3,6%)	3 (3,6%)	-	30 (26,1%)	11 (12,7%)	5 (4,3%)	2 (1,7%)
T4 n=49	11 (13,1%)	2 (2,4%)	6 (7,1%)	3 (3,6%)	14 (12,2%)	3 (2,6%)	7 (6,1%)	3 (2,6%)
Total	59 (72,2%)	13 (15,5%)	9 (10,7%)	3 (3,6%)	81 (70,4%)	17 (14,8%)	12 (10,4%)	5 (4,3%)

As seems from the table, at index T1 in 94,4% cases was marked full clinical effect. At T2 in 83,6%, in T3 66,2%, at T4 full effect was marked only in 51% cases. Partial effect was observed T2- in 16,4% of cases, T3-22,9%, at T4-10,2%. Treatment didn't give positive results in 11,3%, 26,5% cases properly. Progress of process was marked in 8 cases, in two cases tumor had index T3(4,2%), in six cases at T4(12,2%). Observed insignificant (F=0,17) best results in main group connected with appearance of more qualitative preparations in market.

Patients with tumors of tonsil or root of tongue, had significantly best clinical outcome of sickness specific survival on 87,3%(48/55) in comparison with 67,9%(138/203) patients with tumors of other localization.

At patients after distance radial therapy, which had survival tumor cells in biopsy material from neck's lymph nodes, projection by mortality was worse in result of progression of disease on 52%, in comparison with 10% of patients without survival tumor cells in neck's part.

General survival put together 62% and sick-specific survival put together 76%. Wasn't essential difference in sick-specific survival between patients N1(23,5%, 8/34) and patients with N2-3(23,8%, 39/164) (p=0,91). Also wasn't difference between groups in comparing only patients with full effect(p=0,95).

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