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Head and Neck Cancer

Head and neck surgery is one of the most complex surgical specialties. Surgeons specialising in this area not only work closely with trauma and intensive care teams but also treat facial deformities and the increasing number of oral cancers related to smoking and drinking. The UK is European leader in successful treatment of oral cancer. Many head and neck cancers, if detected early, have a high chance of cure, yet there is very little public awareness about this particular form of cancer.

Cancer can occur in any of the tissues or organs in the head and neck.

The most common sites are:-

- Oral Cavity
- Oro-pharynx
- Larynx
- Thyroid
- Miscellaneous

Most cancers of the head and neck arise from the lining of the mouth, tongue, throat or the surface covering the tongue. Nevertheless, cancers of the head and neck may develop from other types of ??? - sarcomas develop from mesenchymal cells which make up muscles, bone or blood vessels whilst lymphomas may develop from cells of the lymphatic system.

Causes and Risk Factors of Head and Neck Cancer

Head and neck cancer is related substantially to smoking and alcohol. Approximately 90% of those diagnosed with oral or pharyngeal cancer (including cancer of the mouth, tongue, lips, throat, parts of the nose and larynx) are tobacco users.

Alcohol

Heavy, regular alcohol consumption is a risk factor for oral and oro-pharyngeal cancer. It is estimated that 75% - 80% of those with oral/oro-pharyngeal cancer drink alcohol frequently. Like smokers, people who drink a lot of alcohol on a regular basis are at least six times more likely to get oral/oro-pharyngeal cancer than non-drinkers. The risk for mouth cancer that each substance represents is compounded when both tobacco and alcohol are used together.

Warning Signs and Symptoms of Head and Neck Cancer

Oral Cancer

1. Sores in the mouth or on the lips that don't heal despite treatment for at least two weeks.
2. A painless white or red patch on the lining of the mouth which does not subside.
3. A painless lump in the mouth, throat, tongue or neck.
4. A sore throat that doesn't go away within the normal period of time.
5. Increasing difficulty with swallowing or chewing without any obvious cause.

Management of Head and Neck Cancer

Pre-treatment Assessment

1. Ultrasound.
2. CT scanning
3. MRI scanning
4. PET CT scanning

Treatment for Head and Neck Cancer

There are three main types of treatment for head and neck cancers:

1. Surgery
2. Radiotherapy
3. Chemotherapy
4. Photodynamic therapy (PDT) may be used for pre-malignant or early invasive lesions

Treatment Planning

The best treatment of choice will be discussed and decided with the patient after all the necessary investigations have been carried out. The team of specialists will include a Maxillofacial Surgeon and/or ENT Surgeon and a Clinical Oncologist.

Surgery for the Head and Neck

Surgery is an important part of the treatment for head and neck cancers.

The aim of surgery is two-fold:-

- 1 The complete removal of the cancer
- 2 Reconstruction of the missing part

The exact type of operation will depend upon the size and position of the cancer and the spread of the cancer in the neck.

The reconstructive part may include replacement of the lining of the mouth with a skin flap from a distant part of the body – usually the forearm or the thigh. If the cancer is affecting part of the jaw bone, the affected bone will be removed with the tumour. In such a case, the reconstruction will be performed by replacing the missing bone with bone from elsewhere – i.e. from the leg or the hip or the lateral border of the shoulder bone. The reconstructive part is completed by performing microvascular anastomosis – namely joining of the vessels providing the blood supply to the graft to the recipient vessels of the neck. This provides the graft with an immediate blood supply.

Reconstruction of the face after cancer surgery

Cancer of the mouth and face affects our swallowing, our speech and, more importantly, our self-perception and self-esteem. Therefore, reconstructive surgery of the mouth and face touches on the deepest human feelings about identity. The surgery offers the promise of allowing patients to eat, drink and communicate again through the wide variety of facial expressions and mannerisms that most people take for granted. In a single, complete procedure, the patient's cancer is removed, a new facial 'flap' is attached to the recipient's blood vessels and nerves and the tissues are matched for colour and type, and function. However, the patient's compliance and contribution to that recovery are equally as important as the surgery itself.