

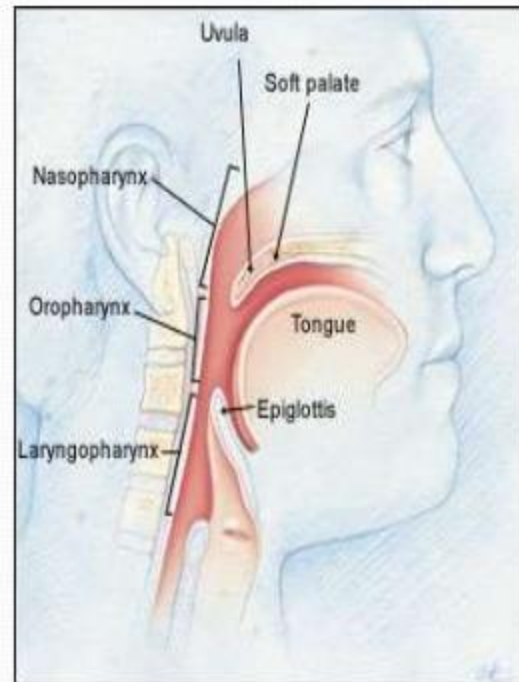
Tumors of oropharynx and hypopharynx

Definition

an abnormal growth of tissue that possesses no physiological function and arises from uncontrolled usually rapid cellular proliferation

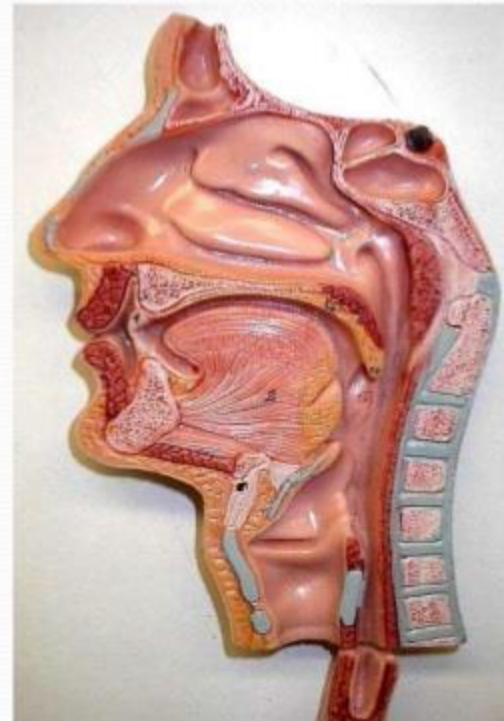
Anatomy

- Oropharynx
hard palate
superiorly to
the level of
hyoid bone
inferiorly.



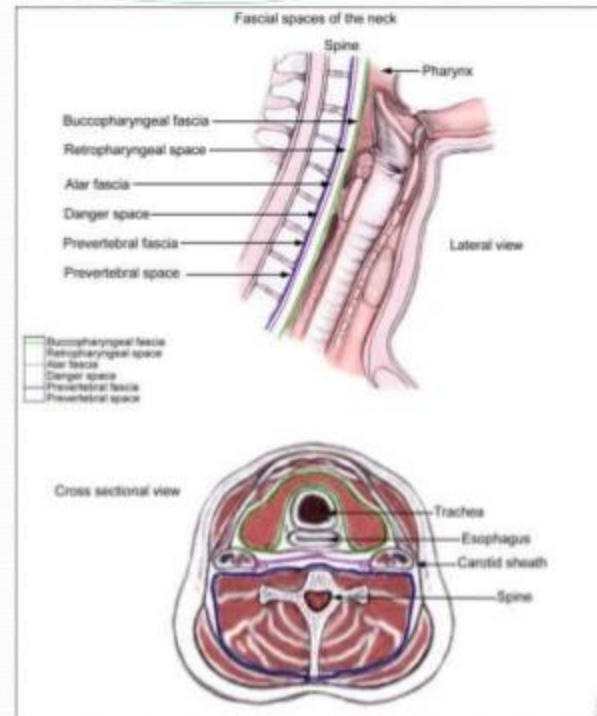
Boundaries of Oropharynx

- **The Anterior wall**
 - base of tongue, the vallecula and lingual surface of the epiglottis.
- **The Lateral wall**
 - anterior pillar, palatine tonsil and posterior pillar.
- **The roof**
 - soft palate
 - The oral surface of soft palate is part of oropharynx and the nasopharyngeal surface is part of nasopharynx.



• The posterior wall

- hard palate to the level of hyoid bone and is anterior to second and third cervical vertebrae. It comprises of superior and middle constrictor muscles and buccopharyngeal fascia which separates it from prevertebral fascia.



Types of tumors

- The oropharynx is lined by **squamous epithelium**
 - squamous cell carcinoma represents the most common tumour.
- Abundant **lymphoid tissue**
 - head and neck lymphomas.
- **Soft palate**
 - **minor salivary glands.**

BENIGN TUMOURS

- Papilloma: usually asymptomatic, surgical excision is the treatment of choice
- Haemangioma: may be capillary or cavernous. Treatment is diathermy coagulation or injection of sclerosing agents. Cryotherapy and laser coagulation is also effective
- Pleomorphic adenoma: mostly seen submucosally on the hard or soft palate. It is potentially malignant and should be excised totally
- Mucous cyst: usually seen in vallecula. Surgical excision is the treatment of choice in case of symptomatic cysts
- Lipoma
- fibroma

Pleomorphic adenoma



Papilloma





- Squamous cell carcinoma
 - most common malignancy (90%).
 - Lateral wall (60%)
 - Tongue base (25%)
 - Soft palate (10%)
 - Posterior wall (5%)

Lymphomas

- Lateral wall (90%)
- Tongue base (10%)



Symptoms

- Sore throat
- Otalgia
- Dysphagia
- Ulcers
- Pain
- Trismus
- Neck masses



Investigations

- CT
 - to evaluate tongue base. To see the laterality of the lesion
 - To assess mandibular invasion
- MRI
- Orthopantomogram
- CXR



Biopsy

- Panendoscopy
 - Laryngoscopy and esophagoscopy.
 - synchronous lesions and to assess neck.
- Incisional biopsy
- If there is smooth regular involvement of tonsil then tonsillectomy
- Deep biopsy for base of tongue

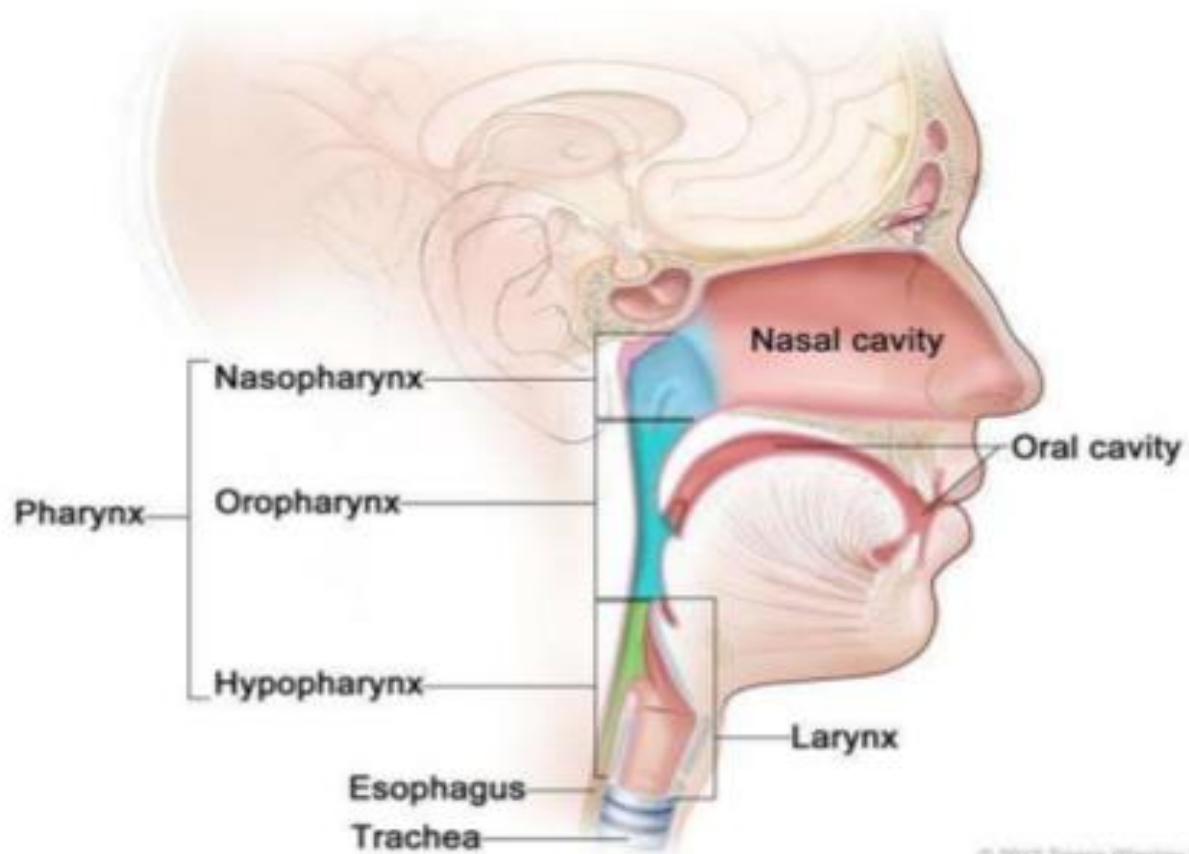


Treatment policy

- Curative:
 - Radiotherapy
 - Surgery
 - Surgery plus post-operative radiotherapy
- Palliative:
 - Radiotherapy
 - Radiotherapy and chemotherapy
 - Tracheostomy
 - Pain relief

Anatomy

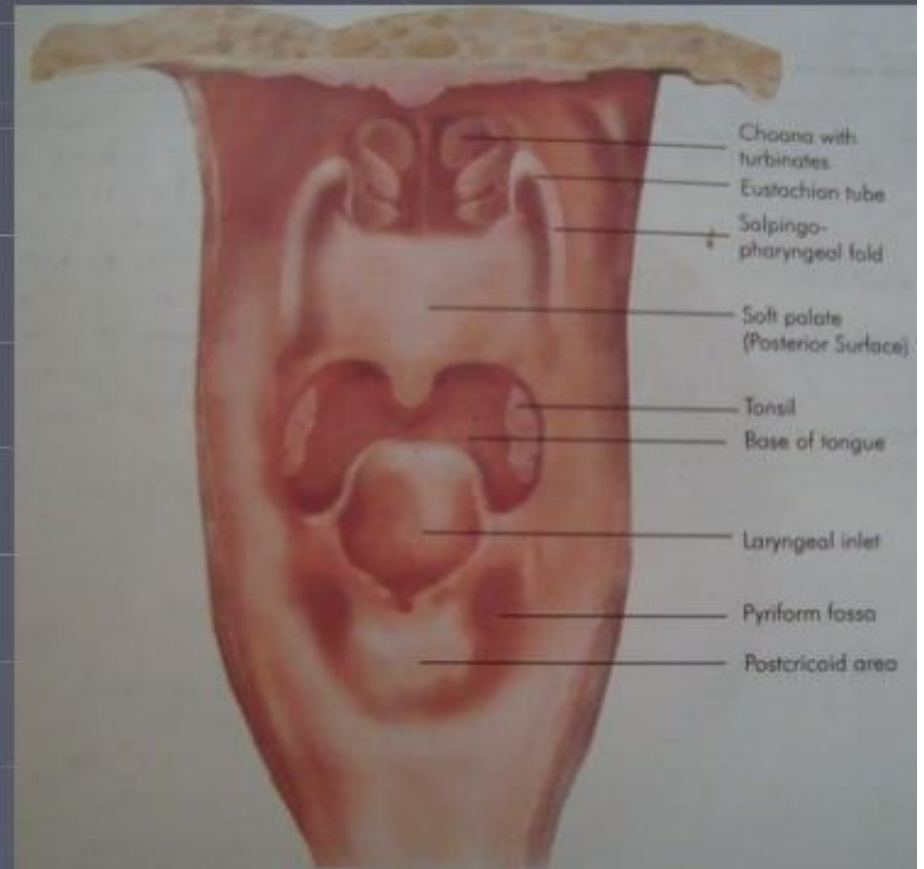
Anatomy of the Pharynx



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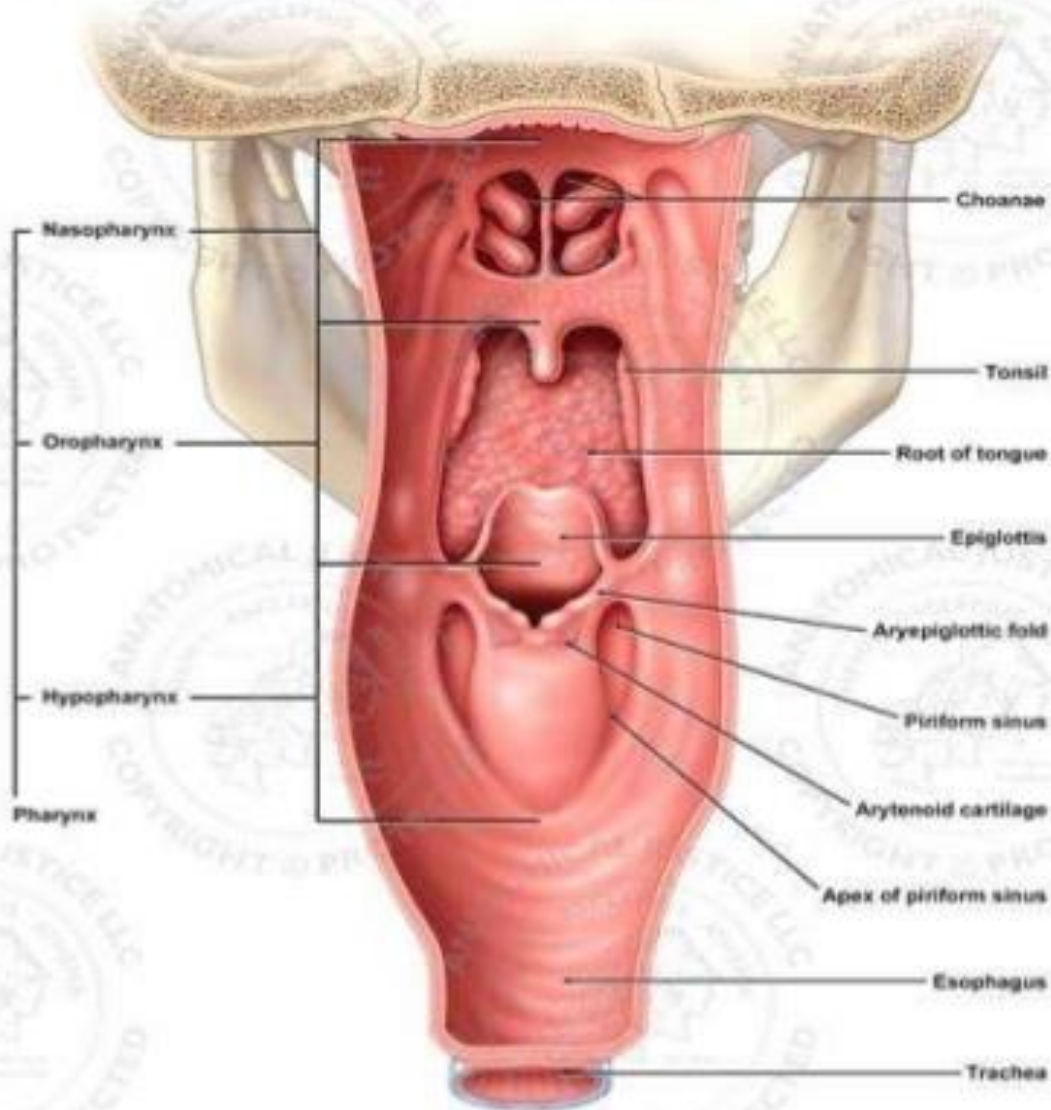
SUBSITES OF HYPOPHARYNX

- ▶ Pyriform sinus
- ▶ Post cricoid region
- ▶ Posterior pharyngeal wall



Pharynx opened from behind showing structures related to nasopharynx, oropharynx

Open Posterior Anatomy of the Throat



BENIGN TUMOURS

- ▶ Exceptionally uncommon: present as smooth well defined pedunculated and mobile mass
- a) Papilloma
- b) Adenoma
- c) Lipoma
- d) Fibroma
- e) leiomyoma

CLINICAL FEATURES

- ▶ Metastatic neck nodes may be the first sign
- ▶ Sticking/pricking sensation in throat
- ▶ Referred otalgia
- ▶ Odynophagia
- ▶ Dysphagia
- ▶ Hoarseness of voice
- ▶ stridor

DIAGNOSIS

- ▶ Indirect laryngoscopy
- ▶ Barium swallow
- ▶ Flexible nasopharyngoscopy
- ▶ CT scan: helpful to evaluate the extent of growth and status of nodes
- ▶ Direct laryngoscopy and biopsy

CARCINOMA OF POST CRICOID REGION

- ▶ Constitutes 30% of hypopharyngeal tumours
- ▶ Plummer-Vinson syndrome is an important etiological factor (seen in 1/3rd of patients)
- ▶ Spread: local spread to cervical oesophagus, arytenoids, RLN and cricoarytenoid joint
- ▶ Lymphatic spread to paratracheal nodes, may be bilateral due to midline nature of lesion

CARCINOMA OF POST CRICOID REGION

- ▶ Clinical features: females are usually affected in the age group of 20-40
- ▶ Progressive dysphagia (predominant presenting symptom)
- ▶ Voice change
- ▶ Weight loss
- ▶ Diagnosis: indirect laryngoscopy, laryngeal crepitus will be lost, lateral soft tissue neck x-ray, CT scan, barium swallow, direct laryngoscopy and biopsy

CARCINOMA OF POST CRICOID REGION

- ▶ Treatment: prognosis is poor with irradiation and surgical treatment
- ▶ Radiotherapy: preserves laryngeal function
- ▶ Surgical: laryngo-pharyngo-oesophagectomy with gastric pull up or colon transposition for reconstruction