

Head and neck cancer -- what you need to know

April 21 2011, By Dr. David Goldenberg

It is estimated that 40,000 men and women in the United States will develop head and neck cancer in the coming year. Head and neck cancer involves the cells that line the mucosal surfaces or moist tissue lining in the head and neck area, for example, the mouth, swallowing passage (pharynx), nose and throat. These cancers account for approximately 3 to 5 percent of all cancers in the United States.

Head and neck cancers are more common in men over the age of 50. Eighty-five percent of head and neck cancers are linked to [tobacco use](#). People who use both tobacco and alcohol are at risk many times greater for developing head and neck cancers than people who use tobacco alone. Other important risk factors for certain cancers of the head and neck include [human papilloma virus](#) infection (a sexually transmitted disease). This is the same virus that causes [cervical cancer](#) in women. There is a growing population of younger, nonsmoking patients with HPV-induced head and neck cancers.

Symptoms of head and neck cancer vary and depend on the location and the stage of the cancer. Early signs are often minute and may mimic a [sore throat](#) or [laryngitis](#) in the mouth; a white or red patch on the gums, tongue, or lining of the mouth; poorly fitting dentures; a bleeding patch; or a feeling of something stuck in the throat. Often, the only sign is a painless lump in the neck.

Pain is a late sign. Pain while swallowing, pain in the ear, trouble breathing, prolonged [hoarseness](#) or changes in voice are later, more

ominous signs.

To find the cause of symptoms, an otolaryngologist – head and neck surgeon -- will evaluate a person's medical history and perform a physical examination, which may include visual inspection of the oral cavity, neck, throat and tongue using a small mirror or fiber-optic camera. The doctor also may feel for lumps on the neck. Imaging studies such as a CT scan or PET/CT scan may be ordered to help evaluate the extent of the cancer.

If the diagnosis is suspicious for cancer, the doctor will want to learn the stage or extent of disease. Staging helps the doctor plan the appropriate treatment. Treatment options for head and neck cancer include surgery, radiation, chemotherapy and sometimes a combination of these. The surgeon may remove the cancer and some of the healthy tissue around it. Lymph nodes in the neck also may be removed.

If the doctor suspects that the cancer has spread, radiation treatment may be used following surgery. Radiation therapy uses high-energy x-rays to kill cancer cells. Radiation alone may be used to cure smaller head and neck cancers.

Surgery and radiation of the head and neck region may cause disruption of important functions such as speech, swallowing and breathing. The cancer or its treatment may cause cosmetic deformity that requires reconstruction. Thus, patients with head and neck cancers are best treated by a team of specialists. This team typically includes an otolaryngologist, pathologist, medical oncologist, radiation oncologist, dentist, plastic and reconstructive surgeon, dietitian, social worker, nurse and speech-language pathologist (speech therapist).

The [head and neck cancer](#) team at Penn State Milton S. Hershey Medical Center is the only one of its kind in central Pennsylvania to offer

daVinci trans oral robotic surgery (TORS) for the treatment of cancers of the oropharynx and throat. TORS is less invasive and extends the surgeon's ability to resect tumors through the mouth, avoiding the need for an open approach, which may entail splitting the jaw bone and a tracheotomy.

The key to successful treatment is prevention and early diagnosis. If you are a smoker, quit. If someone you know has any of the above signs or symptoms, particularly if they are a smoker, they should be evaluated by their physician.

Provided by Pennsylvania State University

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