Carcinoma of Nasopharynx

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SUMMARY

Two cases of Carcinoma of Nasopharynx has been presented with the review of literature and factors involved.

Because of the unyielding nature of the structure of the nasopharynx neoplasm tends to infiltrate the nasal cavity, and the oropharynx.

In addition cervical lymph nodes involvement is very common. The post nasal space is lined with Collumnar Cilliated opithelium, squamous epithelium increases with advancing age and transitical epithelium can be found (Ali[1]). Mclanin pigmentation found in the basal layer of the three types of epithelium.

EITCOLOGICAL FACTORS

Male, low nasal index, high frequency of severe non allergic vasomotor rhinitis, poor nutritional habits associated with an excess of carbohydrates, often with deficiency of vit. A & B, and scanty musculine body hair.

Recent investigation suggest the possible case and relation between Ebstain Barvirus with nasopharyngeal carcinoma as well as with Berkkit's Lymphoma and infectious mononucleosis. Nearly all patients with Berkkit's tumour have high serum antibody titre to Ebstain Bar Virus. The highest titre seen in patients with lymphoepithelioma.

HISTOPATHOLOGY OF NASOPHARYNGEAL CANCER

The commonest is squamous cell carcinoma. Carcinoma of the postnasal space can spread to the Eustachian tube, oropharynx and to soft palate, to the apex of the temporal bone around the levator palate muscle. Para pharyngeal and retropharyngeal space involving the retropharyngeal nodes & rouvior along with other lymph nodes. Cranial cavity along the canal for internal artery, pterygo palatine fossa and nasal cavity can be involved.

LYMPH NODES INVOLVEMENT

Jugolo digastric nodes — 70%, upper deep cervical — 66% Jugolo omohyoid 35%, spinal accessory nodes — 28%, inferior cervical nodes, 20%, retropharyngeal lymph nodes involvement can be assessed if the last four cranial nerves are paralysed.

Incidence — 0.25 — .5% of all malignent tumours in Coccasians. In chinese very much high incidence.

Male predominence and it occurs in the late fourties. It effects in order of frequency.

1. Lateral wall including the fossa of ressenmullar.
2. The roof.
3. Posterior wall.
4. Floor occasionally.

CLINICAL FEATURES

1. Silent phase manifest by irritation of the throat (LAING[2])
2. Lymph Node in the neck — It is the commonest presentation.
3. Definite symptoms and signs such as ear blockage, nose bleeding and neurological symptoms.

TREATMENT

The only treatment for carcinoma of nasopharynx so far is radiotherapy (Lederman[3], Wang[4], Conley[5]).

We have seen two male patients both of them Bahrainies aged 40 and 50 years respectively, both of them smokers and non alcoholic and both are village residents.

Site of involvement — In the first case the lateral wall was involved, staged as T_1, N_0, M_0, the second case has involvement of posterior wall of the nasopharynx, posterior pillar of the right tonsil, and right fossa of rossenmullar staged as T_4, N_0, M_0.

Both patients received radiotherapy and one in addition received chemotherapy. One patient has exhibited recurrence after treatment and the other one is so far free of disease.

CONCLUSION

Over three years span we have seen two cases. They have been managed by conventional means. It appears from this study that carcinoma of nasopharynx is relatively rare in Bahrain compared to China and South East Asia.

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REFERENCES

1. Ali, M. Y. Distribution and character of the squamous epithelium in the human Nasopharyngeal. U.I.C.C. (Union INt Cancer) Monogr. Ser. 1 : 138. 1967.

2. Laing. D.. Nasopharyngeal carcinoma. Otolaryngol. Clin. North Am. 2 : 703, 1969.

3. Lederman., M.. Cancer of the Nasopharynx : Its Natural History and treatment C.C. Thomas, Springfield, Illions, 1961.

4. Wang, C.C., and Meyer, J.E. Radiotherapeutic management of carcinoma of the nasopharynx : and analysis of 170 patients Cancer 28 : 566, 1971.

5. Conley, J. Concepts in Head and Neck surgery, pp. 107 - 108. Georgthiene Verlag stuttgart, 1970.

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