



## Optimizing swallowing outcomes and management of dysphagia in head and neck cancer

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### Abstract

**Background:** Dysphagia (swallowing dysfunction) is a debilitating, depressing and potentially life-threatening complication in cancer patients that is likely neglected. In last two decades oncological outcomes has improved with advance in surgical and radiation methods, that's why quality of life needs to be addressed among survivors. This keynote lecture is aimed to give precise information on dysphagia in head and neck with a focus on assessment tools, prevalence, complications and impact on quality of life. Management of swallowing dysfunctions will be covered with recent advances and available evidences in all subsites of head and neck cancers that are treated with curative surgical/chemoradiation modality

### Keywords

Dysphagia, Head and neck cancer, Radiotherapy

### Introduction

The best in class and least principles of oropharyngeal dysphagia (OD) care will change by country across Europe and will rely upon the setting of the clinical consideration [acute emergency clinic, recovery unit, local area nursing home, discourse and-language pathologist (SLP) first-line practice, etc.], the social and strict foundation of the populace, and the vision and assets accessible to policymakers. Given the requirement for an agreement across Europe for the therapy of OD in head and neck malignancy (HNC), The European Society for Swallowing Disorders (ESSD) started a union with applicable European expert clinical and multidisciplinary social orders to compose a White Paper on this point. The reason for this report is to educate key partners including wellbeing experts from the different controls engaged with the administration of OD related with HNC about the cutting edge as to the various parts of care. The report was composed by specialists from the ESSD, the Confederation of European Otorhinolaryngology Head and Neck Surgery (CEORLHNS), the European Head and Neck Society (EHNS), It contains 24 segments covering all parts of head and neck oncology from an expansive perspective including legitimate and moral issues. An idea report containing HNC-related points went about as an establishment for the commanded supporters of ads subjects or thoughts from their expert viewpoint. At every possible opportunity, a part was upheld by a deliberate writing audit and we intended to give a forward-thinking outline of what we accept ought

to be fundamental center information for wellbeing experts and what ought to be the base norm of care for OD in the HNC setting. had 2 to 3 scenes of spewing since 3 days. On clinical assessment, higher engine capacities were typical. Memory of ongoing occasions was likewise ordinary. There was trouble in vision for the two eyes. Sensations were decreased in lower side of maxillary and mandibular locale and there was trouble in hearing in right ear. Torment sensations were diminished on right side. Tone and mass were decreased in right upper and lower appendages. Clinical determination of metastatic tumor in the cerebrum was delivered. Quiet went through CT sweep and potential outcomes of multicentric glioblastoma multiforme and metastatic stores in cerebrum were suspected. Persistent went through right frontal craniotomy with excisional biopsy of the two injuries in the privilege cerebral sides of the equator. Preoperatively the tumor was firm and reasonably vascular. Net assessment uncovered numerous dim white delicate tissue pieces estimating out and out 5 cm 3. Tiny assessment uncovered sheets of pleomorphic astrocytes indicating central fascicular plan and various tumor monster cells. These tumor cells were indicating extended, hyperchromatic odd core with noticeable nucleolus and infrequent intranuclear incorporations. The cytoplasm of these tumor cells shifted from eosinophilic to hyaline to frothy. Plentiful PAS positive granular eosinophilic bodies were seen. Central perivascular inconsistent lymphocytic penetrate There was thick reticulin staining around single or assembled tumor cells. There were broad regions of tumor putrefaction and moderate number of mitotic. HNC is perhaps the most well-known malignancies on the planet, with high death rates. HNC contains epithelial tumors of the nasal cavity and paranasal sinuses, nasopharynx, hypopharynx, larynx, oropharynx, oral pit, lip, and dangerous tumors of the salivary organs. Over 90% of these tumors are squamous cell carcinomas. The occurrence paces of every malignancy type fluctuate as per geographic district, age, sex, and different danger factors. Around the world, HNC influenced roughly 686,328 people in 2012. Most of these tumors are situated in the oral pit including the lip and, in the larynx, trailed by the pharynx. It is assessed that around 151,000 new patients will be influenced by HNC in Europe in 2020. Tobacco and liquor have for some time been considered as the primary driver of HNC. It has been accounted for that 72% of HNCs are identified with tobacco smoking or potentially liquor drinking. In spite of the fact that tobacco and liquor are viewed as free danger factors, inside this 72% 4% are ascribed to liquor alone, 33% to tobacco, and 35% to the consolidated utilization of liquor and tobacco. HNC is seen all the more regularly in men (three to multiple times higher) than in ladies, yet this sex related predominance contrasts by tumor site. Geological variety alongside the distinctions in pervasiveness among people have been credited to the distinctions in openness to hazard factors between the two genders. Nonetheless, the male to female HNC proportion has been declining after some time presumably because of the developing number of female smokers. Then again, the frequency of smoking-related tumors like diseases of the oral hole, larynx, and other subsites is diminishing in North America and Western Europe, presumably because of the decreased utilization of tobacco items. There is likewise an age-related distinction in HNC frequency. The most elevated HNC occurrence has been seen in patients matured 65 years and more established.

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Be that as it may, the occurrence of oropharyngeal and nasopharyngeal malignant growth is most elevated between the age of 25 and 64 years. This is related with viral carcinogenesis in this age bunch. For instance, the Epstein-Barr infection (EBV) has been related with nasopharyngeal carcinoma and in ongoing many years human papillomavirus (HPV), generally HPV type 16 and 18, has stood out as a critical danger factor in the improvement of oropharyngeal malignant growth. Sexual conduct is an all-around perceived danger factor in the advancement of HPV-related HNC, specifically the lifetime number of sexual and oral sex accomplices. Roughly 33% of all oropharyngeal malignancies are HPV positive. The most elevated HPV pervasiveness is found in tumors of the tonsil and base of the tongue. In this more youthful patient populace tumors typically present as a little essential injury with huge metastatic lymph hubs. As per Wagner and associates, the guess of HPV-related HNC is superior to HNC evoked by maltreatment of tobacco and liquor. The 5-year relative endurance of oropharyngeal disease expanded from 37% in 1999 to 44% in 2007 . The current (2019) five-year generally speaking

endurance pace of HNC is around 40–half. In any case, varieties in endurance insights change across various pieces of Europe. Death rates are higher in Eastern Europe while Northern Europe has the most elevated 5-year endurance rate. Around 33% of the HNCs present during the beginning phases and fix rates for these patients can reach up to 80%. Conversely, 66% of the patients are analyzed in a high level phase of the sickness in which the endurance rates are lower than 40%. Across Europe, the study of disease transmission of HNC uncovers varieties in tumor site, geology, age, sex, and endurance rates. These distinctions might be credited to various social propensities in regards to chance components for creating HNC. At last, syndromic and familial types of HNC have been portrayed. Patients with disorder, for example, xeroderma pigmentosum, Fanconi's weakness, dyskeratosis congenita, Bloom's condition, Lynch-II disorder, P16 germline changes, and ataxia-telangiectasia have a high danger of creating oral squamous cell carcinoma at more youthful ages and without cancer-causing agent openness. HNC treatment modalities and the association and conveyance of care in multidisciplinary group (MDT) set-up are additionally affecting treatment result and endurance rates as portrayed in "Oncological treatment and its advancement" segmen