



Helpful Deeds in Recurrent Hypopharyngeal Squamous Cell Carcinoma with Performed Surgical Treatment and Chemoradiotherapy

Stoyanov St¹, Staykova J², Ananoshtev N³ and Vizev S⁴

¹University Specialized Hospital for an Active Treatment of Oncology (USBALO) – Sofia, Bulgaria

²Department of Preventive Medicine, Medical University – Sofia, Bulgaria

³Complex Oncological Centre – Plovdiv, Bulgaria

⁴Department of Preventive Medicine, Medical University – Sofia, Bulgaria

Abstract

Nevertheless, the progress in operative and chemo-radio-therapy way of treatment of hypopharyngeal squamous cell carcinoma, the last comes to be one of the worst cancers of head and neck – generally. Most of the patients with locally advanced such tumors could not be treated by organically saved operation with performed already chemoradiotherapy.

We checked 53 patients with locally advanced hypopharyngeal squamous cell carcinoma, suitable for a total laryngectomy, being treated before by Doxetacel + Cisplatin + 5-Fluorouracil (5FU) – with a purpose to store the larynx.

We analyzed 51 patients with advanced stages of hypopharyngeal carcinoma in order to detach the type of helpful neck dissection – a large, or a selective one.

The mean time for declaring a recurrence from the beginning of the treatment is 10.3 months.

The whole process of helpful deeds against recurrences was 45% (local-85%, local-regional-100%, regional-23%, distant-19%).

We declared a reasonable cumulative survival – with non-activity tumor among the patients with performed extra operative and chemoradiotherapy, as well as lack of 3 years survival in those with only chemoradiotherapy, performed before.

We declare, that using the induced chemo-therapy with Doxetacel, Cisplatin, 5-Fluorouracil (5FU) on a base of larynx – saving method could be used successfully in a case of advanced hypopharyngeal carcinoma.

Keywords: Hypopharyngeal squamous cell carcinoma; Recurrence; Lymph nodes; Selective neck dissection; Chemoradiotherapy

Introduction

We made a thorough retrospective follow-up of 53 patients with advanced hypopharyngeal carcinoma, suitable for a total laryngectomy, treated before by Doxetacel, Cisplatin and 5-Fluorouracil during the period 2010-2020. We analyzed also the specific prognostic factors, like-total survival without any recurrences, constant normal feeding, saving of larynx, etc. Among these 53 people 42 were men, the rest- women, at mean age – 58.6 ± 8.2 years, all in IIIrd and IVth clinical stage. We declare, that using the induced chemo-therapy with Doxetacel, Cisplatin, 5-Fluorouracil on a base of larynx-saving method could be used successfully in a case of advanced hypopharyngeal carcinoma.

A greater part of the patients with locally advanced hypopharyngeal carcinoma could not be able for treating by larynx-saving procedure, being already cured by induced chemo-therapy and concomitant radio-therapy. That is why we made a retrospective follow-up of 100 patients with induced chemo-therapy, followed by radiotherapy and primary total laryngectomy.

Material and Methods

We studied retrospectively the illnesses of 49 patients, treated for a recurrent hypopharyngeal

OPEN ACCESS

*Correspondence:

Krasimir Vizev, Department of Preventive Medicine, Medical University, Sofia, Bulgaria,
E-mail: kvizev@abv.bg

Received Date: 13 Dec 2022

Accepted Date: 05 Jan 2023

Published Date: 09 Jan 2023

Citation:

Stoyanov St, Staykova J, Ananoshtev N, Vizev S. Helpful Deeds in Recurrent Hypopharyngeal Squamous Cell Carcinoma with Performed Surgical Treatment and Chemoradiotherapy. *Ann Clin Case Rep.* 2023; 8: 2376.

ISSN: 2474-1655.

Copyright © 2023 Vizev K. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

carcinoma and the helpful deeds, done for them, after the treatment itself.

We analyzed retrospectively 51 patients with advanced stages of hypopharyngeal carcinoma, concerning the type of the helpful neck dissection – large, or selective one.

We made a thorough follow-up of 53 patients with locally advanced hypopharyngeal carcinoma, suitable for a total laryngectomy, treated already by Doxetacel, Cisplatin and 5-Fluorouracil – in order to preserve the larynx.

We analyzed the therapeutic influence of locally advanced hypopharyngeal carcinoma in 100 cases in the clinical practice.

We checked the effect of the chemoradiotherapy in curing the advanced hypopharyngeal carcinoma.

Results

Nevertheless, the progress in the ways of treatment of hypopharyngeal carcinoma, it has still one of the worst prognoses among the tumors of the head and neck. Basically, the two types of treatment – towards the primary process and also later – influencing the recurrences in order to gain success in the forms of treatment and survival –in general.

We studied 49 patients, treated for recurrences in hypopharyngeal carcinoma during the period 2010-2020 – at ENT-Clinic, UMBAL “St. George” - Plovdiv. Thus, we examined the efficiency and results from the helpful deeds in different curing programs, especially in recurrent cases, being already primary treated (Table 1).

The mean time for declaring a recurrence from the beginning of the treatment is 10.3 months. The total capacity of the recurrent-helpful deeds is 45% - local-85%, local-regional – 100%, regional-23%, distant-19%.

We established reasonable cumulative survival with non – activity tumors in patients with performed before surgical and chemo-radio-therapy, as well as a lack of 3 years survival in patients with chemoradiotherapy, only (Table 2).

The 1-year survival for people, operated and then- chemo-radio-therapy is 86%, while for the same, but 3 years survival is 69%. We did not fell upon a person with 3 years survival, only on a chemoradiotherapy. So, there are restricted possibilities for treatment after certain helpful surgical performances in recurrent cases. The surgical deeds, themselves, are possible only at the very beginning of the recurrences. That is why the objective follow-up of such people is very important, to detect such recurrences.

What about the type of the neck dissection – a large, or selective one?

We analyzed retrospectively 51 patients with advanced

hypopharyngeal carcinoma in Complex Oncological Centre-Plovdiv, during the period 2010-2020. There has been a histological verification for everyone. The metastases have been localized on levels II, III, IV, V. During the next follow-up, with performed large or selective neck dissection, we checked recurrences in 4 men (7.8%). So, the neck dissection comes to be an effective way of therapy for meta-recurrent tumors, even in cases with performed before chemo-radio-therapy.

We analyzed in a program and retrospective way 53 patients in a stage of advanced hypopharyngeal carcinoma, suitable for a total laryngectomy, treated before that by Doxetacel, Cisplatin and 5-Fluorouracil, in order to save the larynx. Among them 42 were men, 11- women, all at mean age of 58.6 ± 8.2 years, in advanced clinical stages – IIIrd and IVth.

58% of the patients had 2 years survival, free of recurrences and larynx-saved. In conclusion – the clinical practice shows, that using the induced chemo-therapy on a base of larynx-saving method, could be used successfully in patients with advanced hypopharyngeal carcinoma, and thus – to gain good results in many ways.

We checked 100 patients with advanced hypopharyngeal carcinoma – at the ENT-Clinic – UMBAL “St. George”- Plovdiv, in order to analyze the therapy – effect over them. The induced chemotherapy, followed by radiotherapy, do form the therapeutical effect in such patients.

In conclusion – a greater part of the patients with advanced carcinomas could not be able to be treated successfully by larynx-saving methods. Clinical stage IV has a bad prognosis in accordance results. If we insist on a larynx-saving procedure, then the radio-therapy with constantly enlarging doses plays an important role.

In our study we checked 55 patients with advanced hypopharyngeal carcinoma. First, they were treated by 40 Gy radiotherapy, some of them then 30 more – so, it comes totally 70 Gy per person, regarding them as radiosensitive. The rest 28 people were declared as radio-non-sensitive. We found out 3 years survival in 77% from the first group.

In conclusion- we may declare, that this is a new model for treating advanced hypopharyngeal carcinoma, i.e., using the advantages of the concomitant chemoradiotherapy instead of surgical methods. We examined retrospectively 58 patients, being operated at ENT-Clinic-UMBAL “St. George”- Plovdiv, during the period 2010-2020. All of them were treated by selective bilateral neck dissection. Also, they were followed-up, as time goes by, for any micrometastases and isolated tumor cells, as well. So, according to the immunohistochemical results and analyses, the people were grouped precisely and coordinating.

It is obvious, that people with lymph nodular micrometastases and isolated tumor cells, do have a worse prognosis and less survival rate, so the next coming surgical treatment may gain a certain success. Why not?

Table 1: Helpful deeds in recurrent hypopharyngeal carcinoma after surgical and chemo-radio-therapy in 49 patients, being treated for that.

Number	Effectiveness and results of the helpful deeds in recurrences after surgical and chemo-radiotherapy	Indexes	
		Months	%
1.	Mean time for diagnostic recurrences from the beginning of the treatment	10.3	-
2.	Types of the recurrences:	Number of cases	
	- Local recurrences	42	85
	- Local regional recurrences	49	100
	- Regional recurrences	11	23
	- Distant recurrences	9	19

Table 2: Cumulative survival in patients with recurrent hypopharyngeal carcinoma, treated by surgical and chemo-radio-therapies ways, as well as those with performed only chemo-radio-therapy.

Number	Cumulative survival	Indexes		% Suspended interval
		number	%	
1.	Mean survival in patients with performed operative and chemo-radiotherapy:			16.61-28.30
	- 1 year survival	47	86	
	- 3 years survival	38	69	
2.	Mean survival in patients with performed only chemo-radiotherapy: 3 years survival	0	0	0

Conclusions

1. Mean time for analyzing a recurrence from the beginning of the treatment is 10.3 months.
2. The whole process of helpful deeds in patients with advanced hypopharyngeal carcinoma is 45% - (local-85%, local-regional-100%, distant-19%).
3. People, operated and then – treated by chemotherapy, in 86% had 1 year survival rate and in 69% - 3 years, respectively.
4. We did not fell upon a person with 3 years survival, being treated by chemo-radio-therapy, only.
5. The surgical methods are possible only at the very beginning of the recurrences.
6. The objective follow-up of the patients is of great need to detach the earliest recurrences, after the primary treatment.
7. The selective neck dissection, performed for presence of neck metastatic tumors, after chemo-radio-therapy, in advanced hypopharyngeal carcinoma, comes to be a rather effective method.
8. The induced chemo-therapy on a basis of larynx-saving method, could be used with certain, satisfying, functional results.
9. T4 stage, or IVth clinical stage comes to be with a worse prognosis in accordance any kind of results.

References

1. Konsoulov I, Yovchev S, Pazardjikliev D. History and trends of presence of the surgical treatment of neck lymph nodes for laryngeal and hypopharyngeal carcinoma – a bibliographical aspect. *Bulgarian Otorhinolaryngol.* 2002;1:24-7.
2. Yovchev K, Meditzina I, Fizkultura I, Pazardjikliev D. Malignant tumours of the oropharynx – according to the data of COC- Plovdiv – 1993-2001. *Bulgarian Otorhinolaryngol.* 2002;1:27-9.
3. Dimov D, Gueorgiev T. ENT-diseases, Znanie LTD. 1998;229-33.
4. Chernozemsky, Moushmov. Methodology for diagnostic, therapeutic and follow-up procedures in patients with malignant tumors. *Meditzina I fizkultura.* 1991;51-8.
5. Malamov, Gueorgiev T. Treatment of ENT - tumors. *Meditzina I fizkultura.* 1983;117-24.
6. Dimov D. Malignant ENT-tumors. 1981;53-97.
7. Erbar. *Oncology.* 1996;1-88.
8. Malamov, Mlachkov. Scintigraphy of the neck lymph system in patients with malignant tumors of the larynx, *Otorhinolaryngology.* 3rd Ed.
9. Malamov, Petkov. Diagnostic possibilities of the cervical lymphography in patients with malignant tumours of the larynx and hypopharynx. *Otorhinolaryngology.* 2nd Ed, XII. 1975. p. 65-71.
10. Malamov. Carcinoma laryngis – metastases and neck lymph nodes, results from the operative treatment. *Otorhinolaryngology.* 2nd Ed. XI. 1974. p.76-83.
11. Malamov, Gueorgiev, Melamed. Carcinoma of the larynx. 1988. p. 5-193.
12. Rackov, Wagner. Radical surgical treatment of the neck in carcinoma metastases –*Meditzina.* 1969. p. 3-184.
13. Chouchkov, Stoynov V, Stoynov N. *Clinical anatomy.* 1995. p. 82-117.
14. Ballantyne AJ. Significance of retropharyngeal nodes in cancer of head and neck. *Am J Surg.* 1986;8:280-86.
15. Brenan JA, Sidransky D. Molecular staging of head and neck squamous carcinoma. *Cancer Metast Rev.* 1996;15:3-10.
16. Candela FC, Kothari, Shah JP. Patterns of cervical node metastases from squamous cell carcinoma of the oropharynx and hypopharynx. *Head Neck.* 1990;12:197-203.
17. Spitz MR. Epidemiology and risk factors for head and neck cancer. *Semin Fncol.* 1994;21:281-8.
18. Teichgraeder JR, Clairmont AA. The incidence of occult metastases for cancer of the oral tongue and floor of the mouth: Treatment rationale. *Head Neck Surg.* 1984;7:15-21.
19. Wang CC. Radiation therapy in the management of oral management of oral malignant disease. *Otolaryngol Clin North AM.* 1979;12:73-80.
20. Boyd D. "Invasion and metastasis", *Cancer Metastasis: Rev.* 1996;15:77-89.
21. Byers RM. "Modified neck dissection: A study of 967 cases from 1970 to 1980". *Am J Surg.* 1989;105:414-21.
22. Kaufif RA, Gelbfish GA, Asase DK, Tepper P. "Modified radical neck dissection in cancer of the mouth and larynx". *Head Neck Surg.* 1990;12:476-82.
23. Yasumatsu R, Nakashima T, Toh S, Taura M, Komune S. Salvage of recurrent hypopharyngeal carcinoma after primary curative treatment. *Acta Otolaryngol.* 2003;133(10):1110-6.
24. Hoch S, Bohné F, Franke N, Wilhelm T, Teymoortash A. Extent of salvage neck dissection in advanced Oro – and hypopharyngeal cancer. *Anticancer Res.* 2016;36(3):981-6.
25. Bozec A, Benezery K, Ettaiche M, Chamorey E, Vandersteen C, Dassonville O, et al. Induction chemotherapy – based larynx preservation program for locally advanced hypopharyngeal cancer; oncologic and functional outcomes and prognostic factors. *Eur Arch Otorhinolaryngol.* 2016;273(10):3299-306.
26. Vandersteen C, Benezery K, Chamorey E, Ettaiche M, Dassonville O, Poissonnet G, et al. Contemporary therapeutic management of locally advanced hypopharyngeal cancer: Oncologic and functional outcomes – a report on 100 cases. *Acta Otolaryngol.* 2015;135(2):193-2000.
27. Masuda M, Matsuo M, Aso T, Kiyohara H, Rikimaru F, Kunitake N, et al. Utility of algorithm-based chemoradioselection in the treatment for advanced hypopharyngeal carcinoma. *Head and neck.* 2015;37(9):1290-6.
28. Sablijak P, Pesko P, Stojankov D, Micev M, Keramatollah E, Velickovic D, et al. Micrometastasis of hypopharyngeal cancer. *Langenbecks Arch Surg.* 2014;399(6):765-71.