

Pharyngeal Tumors

- Pharynx extends from the base of the skull to the cricoid cartilage at the beginning of the trachea.
- It's **structure** >> Mucous membrane -> Pharyngeal aponeurosis -> Muscular coat -> Buccopharyngeal fascia.
- Pharyngeal tumors usually present with lymphadenopathy—> late presentation with metastasis —> bad prognosis
- Pharyngeal tumors characterized by : **Sub mucosal permeation & Lymph node involvement** / bilateral

1] Nasopharynx

Benign

A. Nasopharyngeal Angiofibroma

- Vascular and fibrous tissues **Males ; 20 yrs**
- locally invasive and destroys the adjacent structures
- > recurrent **epistaxis** / unilateral
- > Progressive nasal obstruction, swelling of cheek
- > serous otitis media, Conductive HL
- Do **CT with contrast** .. of head
 - > **antral sign** (ant. bowing of the posterior wall of maxillary sinus)
- Do MRI (for soft tissue extent)
- Do X-ray for bone erosion, opacification of sinuses
- Don't take biopsy!!
- Tx
 - o **Embolization** followed by **surgical excision**
 - o **Radiotherapy**... If associated with intra-cranial extension/ recurrence
 - o Hormonal: primary or adjuvant (Diethylstilbestrol and flutamide)
 - o Chemotherapy / recurrent & residual lesions —> doxorubicin, vincristine, dacarbazine

B. Teratomas F>M , hairy polyp,

C. Pleomorphic adenoma

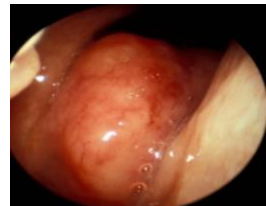
D. Chordoma

E. Hamartoma

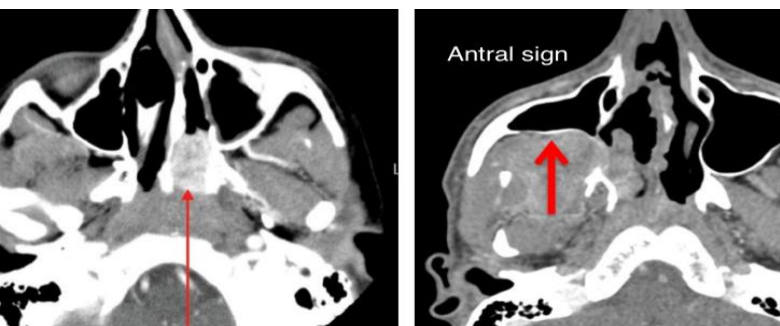
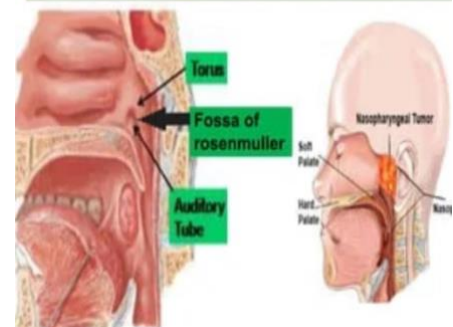
Malignant

Nasopharyngeal carcinoma:

- **Males; 60 yrs**
- **EBV** infx + **Genetic/ Chinese** + **Environmental**
- From **fossa of Rosenmüller** in the lateral wall of nasopharynx.
- Lymph node involvement + foramen lacerum/ CNS
- **Squamous CC** >> Lymphoma >> Rhabdomyosarcoma
- ➔ **Nasal:** Obstruction, discharge, nasal speech, epistaxis
- ➔ **Otic:** Earache, hearing loss, tinnitus and dizziness. **otitis media with effusion/ unilateral.**
- ➔ **Ophthalmoneurologic:** Cranial nerve palsies (CN VI)
- ➔ **Cervical nodal metastasis:** Very common, accessory group 5
- ➔ **Distant metastasis:** To bone, lung, liver...
- Do **nasopharyngoscope**, Skull X-ray or CT, MRI, Biopsy.
- Tx :
 - o **Radiotherapy**
- A. Non-keratinized:** early mets but responsive to chx
- B. Keratinized :** late mets and non-responsive to chx
- C. Lympho-epithelioma :** associated with EBV and poorly differentiated, Responsive to radiotherapy
- D. Lymphomas/ Non-Hodgkin's type**
- E. Rhabdomyosarcoma**
- F. Plasmacytoma**
- G. Chordoma**
- H. Adenoid cystic ca**
- I. Melanoma**



FOSSA OF ROSENMULLER



2] Oropharynx

Benign

A. Papilloma

- It arises from the tonsil, soft palate or pillars.
- asymptomatic—> recurrent epistaxis
- Tx surgical excision

B. Hemangioma

- It may be of capillary or cavernous type
- treated only if it is increasing in size , bleeding, dysphagia.
- Tx : **diathermy coagulation** or **injection of sclerosing agents**

C. Pleomorphic adenoma

- Submucosally on the hard or soft palate/ minor salivary. ⚡
- potentially malignant —> **excised** totally.

D. Mucous Cyst

- In the vallecula, anterior surface of the epiglottis.
- Pedunculated or sessile
- Tx :
Pedunculated -> **surgical excision**
sessile -> **I & D** with removal of its cyst wall

Malignant (MC)

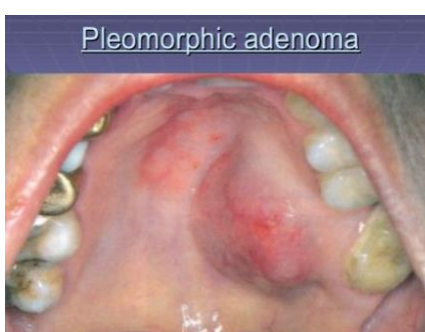
- Local invasion + Lymphatic (JD groups) + Distant metastase to Bones, liver, lung.
- Squamous CC , Lymphoma , Lymphoepithelioma, adenocarcinoma.
- Do **Indirect laryndeoscope + CT, Biopsy**

A. Tonsillar tumor :

- o **Unilateral** + ulceration + LAP + Otagia (CN9)
- o Bleeding , Trismus
- o Tx :
T1 and T2 —> radiotherapy
T3 and T4 —> **commando surgery**

B. Base of the tongue tumor :

- o referred otalgia, dysphagia, mouth bleeding and dysphonia.
- o Spread quickly / no septation
- o Diagnosis: deep palpation
- o Tx: **total/ partial glossectomy**



2] Hypopharynx. M >40yrs

1) Pyramidal fossa CA (50-60%)

- fixation of vocal cords -> **hoarseness** of the sound
- invasion of thyroid cartilage and thyrohyoid membrane -> **neck mass**

2) Post-cricoid area (40%)

spread by submucosal permeation to the esophagus -> **dysphagia**

3) Post-pharyngeal wall rare

- Presentation:

Hoarseness of the sound, Dysphagia, Neck mass, LAP, Otagia, Sore throat

- Diagnosis: **barium swallow, esophagoscopy, CXR**

- Treatment:

- ✓ Partial pharyngectomy+ total laryngectomy +/- total esophagectomy
- ✓ Repair of the pharynx by:
 - 1) By pectoralis major
 - 2) Stomach pullthrough
 - 3) Jejuna loop



Foreign bodies
can be entrapped
here

