

THE SPREADING AND DIAGNOSIS OF CANCER OF LARYNX IN THE DOBRICH TOWN AND THE REGION

J. Stajchev, I. Dimitrov, R. Stoyanova

Department of Otorhinolaryngology, Dobrich

The first place among the cancer with LOR localization is cancer of the larynx, which is 1-3% of all localisations of cancers and by the total statistical date it ranges between 1 and 5 to 100000 persons of the population (3,4). The frequency of laryngeal cancer varies in different countries and regions and is influenced by geographical, ecological, industrial, social and other factors (4).

We aimed to study the rate of sickness, morbidity and morpho-clinical aspects of cancer of the larynx for a longer period of time as we hope, that in a considerable degree correlated with organizational, therapeutical, diagnostical and prophylactical aspects for specialised E.N.T. aid. By the data of ODD in Varna for the period of 5 years (1985-1989) of the dispensary documents in Dobrich town and suburb 123 patients with cancer of the larynx had been registered, of which 52 pts are newly registered. Morbidity is 4,1‰ with an average for the nation for this period (1987-1989) - 5,3‰. The morbidity for the period is in the range of 26,8‰ to 34,2‰ with an average for the country through the period of 39,1‰. The period 1985 - 1990 in the E.N.T. Clinic in the Faculty of Medicine - Dobrich had registered 33 patients with histologically proved cancer of the larynx, of which 30 males and 3 females of the age 33 to 76 years (average age is 55,6 yrs). Despite the tendency for rejuvenation of the cancer of the larynx for our region the sickness remains typical for the age above 50 years. The patients with cancer of the larynx are 82% of all cancer sickness of LOR organs for the same period. The ratio between the sick males and females is 11:1. There is no significant difference between the morbidity of the town (14 patients - 42%) and the village (19 pts - 58%) population. The complaints of the patients started from 1 - 2 months to 5 - 6 years before the hospitalisation, as the average duration is 8 months. The localization of the cancer is distributed by anatomical regions as follows: Glottis - 13 patients (40%); Supraglottis - 8 pts (24%); Supraglottis and glottis - 9 pts (27%); Suproglottis, glottis and subglottis - 3 pts (9%). The frequency of the supraglottis localization after 1975 in Bulgaria is increased and has overcome that of the glottis. With our patients the frequency of supraglottis localization is less than that of glottis, but

the values are close (67 and 61, respectively). The division of the patients by TNM system is as follows: preinvasive cancer - 6 patients (18%); Primary stage - 4 patients (12%); Secondary stage - 5 patients (15%); Tertiary stage - 13 patients (40%); quaternary stage - 5 patients (15%). In patients with preinvasive cancer the localization is mostly glottis (4 patients) and supraglottis (2 patients). We are concerned for the high percentage of patients diagnosed in the tertiary stage, when the symptoms are already manifested and from here it is concluded for the omission of the early symptoms of cancer as of the patients fault, as well as the physician. Microlaryngoscopy and microlaryngosurgery create greater possibilities for the diagnosis of laryngeal cancer (1,2).

For all our patients is been done microlaryngoscopy with taking of biopsy, as with some of them twice and thrice. Due to that with 10 patients in preinvasive and the primary stage cancer had been diagnosed. The comparison between the admitted and the final diagnosis in the group of patients shows high percentage of coincidence (85%). This fact according to us should not be accepted as a criterion for a good clinical diagnosis due to the fact that greater number of the patients were admitted in the late stage of the sickness. For the 5 years research period the cancer of the larynx by the documents of E.N.T. Clinic Dobrich and ODD Varna town is 82% of all cancer of LOR organs. The cancer of the larynx is affecting mostly the age above 50 and the males are affected more often than the females (11:1 ratio). The vilages are affected more often but not significantly. The morbidity in the region is closer to the average percentage for the country but the morbidity has the tendency for increment due to improved diagnosis. The most frequent localization is the glottis. The microlaryngoscopy and microlaryngosurgery has considerably improved the possibilities for early diagnosis of cancer of the larynx, and will be used for all cases, with which there are difficulties in differential diagnosis.

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