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Clinic and Diagnosis of Benign Tumors of the Oropharynx

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ANNOTATION

Despite some progress in the treatment of oncological diseases, a significant number of patients turn to medical institutions late. Improving the early diagnosis of oropharyngeal neoplasms and organizing specialized care for patients is the common goal of oncologists and otorhinolaryngologists, the achievement of which will allow effective treatment of these patients. Based on a large clinical material, an analysis of the data of the clinical course was carried out and a detailed assessment of each of the methods for diagnosing tumors of the oropharynx was given.

KEYWORDS: *tumor of the oropharynx, symptoms, diagnosis.*

Relevance. The effectiveness of the treatment of patients with benign tumors of the pharynx (BTP) largely depends on their detection in the early stages of development, the timeliness of the patient's visit to the doctor and the time elapsed from the moment the diagnosis was established to the patient's referral to the hospital. This implies the importance of studying the initial clinical manifestations, their changes in the process of tumor growth, and assessing the role of various methods for diagnosing BTP.

The purpose and tasks. To study the clinic and methods for diagnosing benign tumors of the oropharynx, to evaluate each diagnostic method.

Material and methods of examination: we examined 49 patients with benign tumors of the oropharynx (BTOP). The age of patients with BTOP ranged from 28 to 70 years, the average age was 46.3±4.7 years.

Taking into account the histological structure, the following types of BTOP were identified: papilloma 32 (65.3%), angiofibroma 11 (22.4%), fibroma 6 (12.3%).

Regarding the initial site of tumor growth on various anatomical structures of the oropharynx, it is noted that the tumors originated from the tonsils - 61.2%, from the palatine arches - 10.4%, the uvula - 6.1%, from the posterior pharyngeal wall - 4%, the lateral wall pharynx - 18.3%.

Patients mainly turned to doctors of two profiles - to otorhinolaryngologists with complaints of difficulty in swallowing and the presence of a feeling of a "foreign" body (33-78.5%), dentists about the presence of a feeling of a "foreign" body (9-21.4%).

If we analyze the timing of patients' visits to doctors, it should be noted that a significant part of them (48.3%) were examined in the first 3 months from the moment the first signs appeared, and in the first 6 months - 76.4%. The average time to seek medical help was 3.5+1.1 months.

Only 8 patients (16.3%) were diagnosed with a "benign tumor" during the initial visit to the doctor.

Such a wide range of diagnoses may indicate either the peculiarities of the course of the disease or the insufficient oncological alertness of doctors.

The most frequent complaints - the feeling of a foreign body and pain in the throat (of varying severity) - were usually associated with one or another pathology of the pharynx (tonsillitis, chronic tonsillitis, paratonsillitis, neuralgia, cervical osteochondrosis, and so on).

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Sore throat when swallowing, combined with dysphagia and profuse salivation, was already quite late symptoms and usually indicated a large volume of the oropharyngeal tumor, which made it difficult to swallow food. A burning sensation in the throat, especially in the tongue, testified to the involvement of the endings of the glossopharyngeal nerve in the tumor process.

Difficulty protruding the tongue was usually observed with large tumor sizes.

Due to the fact that early symptoms (feeling of a foreign body, sore throat) by patients are usually associated with a cold and regarded as a sore throat, a fairly significant part of them (38-39.48%) self-medicated.

All symptoms of BTOP can be conditionally divided into 2 groups. The most common symptoms such as feeling of a foreign body in the throat, sore throat, burning sensation fit into the form of local symptoms. These symptoms are so common in patients and are often signs of pharyngitis, chronic tonsillitis that one can only hope for the competence of a polyclinic otorhinolaryngologist who, with such minor complaints, will carefully examine all the details of the pharynx and see the neoplasm in the initial phase of its manifestation. The second group included such symptoms as irradiation of pain in the ear, a feeling of stuffiness in the ear, difficulty in breathing, closed nasality, impaired mobility of the tongue, which are manifested due to compression of the surrounding organs.

In order to determine the nature of any disease with complaints of patients indicating a pathology of the pharynx, otorhinolaryngologists primarily use pharyngoscopy. At the same time, in order not to miss a serious pathological process that can proceed without complaints or with minor complaints indicating a banal inflammatory process, the specialist should use the technique of retracting the soft palate, the anterior palatine arch, in order to carefully examine the mucous membrane. Since the root of the tongue remains out of sight during conventional pharyngoscopy, it is necessary to use conventional mirror hypopharyngoscopy to examine it.

To identify the form of tumor growth, it is advisable, in addition to a visual assessment of the state of the mucous membrane, to use a digital (palpation) examination of suspicious areas of the middle pharynx, which is quite accessible for this manipulation. It is especially advisable to use it in the study of the root of the tongue and soft palate, as well as the tonsil with its asymmetric increase, as well as any part of the mucous membrane of the oropharynx.

Only a digital examination makes it possible to reveal how widely the anatomical parts of the pharynx, which are subject to and surrounding the main tumor focus, are captured, for example, when a tumor grows in the thickness of the tonsil or soft palate or in the region of the root of the tongue. With parapharyngeal processes that cause asymmetry of the pharynx, only a palpation examination can reveal a rounded dense tumor and displacement of the mucous membrane covering it.

It is quite difficult to differentiate BTOP from a number of pathological processes that are a manifestation of a number of common diseases. All pathological processes gave one or another subjective symptomatology, and each of them was manifested by one or another visual changes.

Tuberculous lesions of the mucous membrane of the pharynx were characterized by small tuberculous rashes or superficial ulcerations; syphilitic lesions - grayish rounded plaques of various sizes, translucent through the mucous membrane, or a rather deep ulceration with severe perifocal inflammation. Tuberculous and syphilitic changes are often accompanied by superficial or deep ulcerations, and when a secondary infection is attached, the underlying and surrounding tissues are involved. These listed diseases may be accompanied by one or another reaction from the lymph nodes of the neck.

Mycotic lesion - a grayish thick film covering the affected area of the pharynx (most often the surface of one or both tonsils). Leukoplakia was manifested by the appearance of whitish changes in

the mucous membrane, mostly with irregular contours.

The middle part of the pharynx is the most accessible among the organs of the upper respiratory tract for visual control. As already stated in the previous section, the usual careful pharyngoscopy and mirror examination of the root of the tongue in combination with a digital examination provide sufficient information about changes in the oropharyngeal mucosa and the involvement of underlying tissue structures. The use of fibroendoscopy in 49 patients with BTOP did not add significant information to the data obtained during pharyngoscopy.

The good accessibility of the oropharynx for visual control significantly limits the need for X-ray examination of pathological processes in this area. Apparently, this explains the practical absence of special literature on this issue.

On direct radiography, the region of the middle pharynx is superimposed on the bone structures of the facial skull, lower jaw and cervical spine. On direct radiography, the region of the middle pharynx is superimposed on the bone structures of the facial skull, lower jaw and cervical spine.

On lateral plain radiography, the contours of the soft palate, the posterior clivus of the root of the tongue, the lingual-laryngeal valecules, and the posterior pharyngeal wall adjacent to the cervical spine can be seen.

Based on the foregoing, our practical experience suggests the feasibility of performing a lateral radiography.

Considering that visual and palpation examinations give the clinician an idea of the tumor, a conventional X-ray examination for oropharyngeal neoplasms can be recommended to solve the following tasks:

- to objectify the defeat of the root of the tongue;
- To objectify the defeat of the posterior pharyngeal wall.

With BTOP of the root of the tongue (7 cases), on the lateral radiograph, one could see an irregularly shaped intense shadow protruding towards the posterior pharyngeal wall. In two cases, there was a displacement of the epiglottis posteriorly and downwards..

Thus, the usual x-ray examination for lesions of the oropharynx has a rather limited indication and can be applied and recommended differentially to solve a particular issue. For the purpose of early diagnosis of tumors of the oropharynx, it is of little use.

CT and MRI tomography of the oropharynx, which were performed in 31 cases, ascertain the deformation of its lumen, additional soft tissue formation, which were not detected by radiography.

With lesions of the parapharyngeal space, computed tomograms of the corresponding area clearly define the asymmetry of soft tissues, the volume of affected tissues, density, clarity of boundaries, and the presence of a capsule. Based on the analysis of these parameters of education, it is possible to speak in favor of the benign or malignant process. In addition, when deciding on a surgical intervention for damage to the parapharyngeal space, it is important to know the relationship between the tumor and the main vessels of the neck. It is CT or MRI tomography that allows you to resolve the issue of possible difficulties that may arise during surgery and prevent serious bleeding. In terms of early diagnosis of benign neoplasms of the oropharynx, CT is not very informative. In this regard, MRI tomography was superior to CT, since it can be used to assess soft tissue parameters (density, relationship with surrounding tissues) in more detail.

In patients with the first and second stages and 20 cases of the third stage of BTOP, the CT results completely coincided with the results of stomopharyngoscopy, surgical findings, and those verified by histological examination in 20 out of 36 examined patients, i.e. the diagnostic accuracy of the

method was 55.6%. This indicator increased to 88.1% in patients with the third stage of BTOP.

In patients with the first and second stages and 28 cases of the third stage of BTOP, the results of MRI tomography completely coincided with the results of stomopharyngoscopy, surgical findings and verified by histological examination in 39 out of 44 examined patients, i.e. the diagnostic accuracy of the method was 88.6%. This indicator increased to 99.1% in the remaining patients with the third stage of BTOP.

Morphological verification of a benign pathological process of the middle part of the pharynx seems to be of fundamental importance, since in the oropharynx, as well as in the nasopharynx, there are non-tumor processes (tuberculosis, syphilis, scleroma, mycosis, and so on), benign and malignant tumors of various origins. Given the above, it is important to establish the morphological essence of the process and the degree of its differentiation in order to select a rational treatment strategy.

We analyzed the question of the possibility of obtaining tumor material for histological study. With BTOP, there were no difficulties in obtaining material for histological examination. Lesions of the oropharynx are sufficiently accessible for taking material for morphological examination. The conclusion about the morphological structure of BTOP was obtained the first time in 42 cases. For the final morphological verification, in 5 cases, a double study was required, and in 2, a triple study.

Conclusion:

1. Clinical symptoms of benign tumors of the oropharynx can be divided into 2 groups: local symptoms, symptoms of compression into the surrounding anatomical formations.
2. The most significant method for examining the oropharynx for an ENT specialist is conventional pharyngoscopy, supplemented by digital, palpatory examination of "inaccessible" areas - the root of the tongue, the posterior surface of the soft palate and the anterior palatine arch.
3. The fibro-endoscopic method does not contribute anything significant to the diagnosis of tumor lesions of the oropharynx, and therefore its use is not always advisable.
4. Plain radiography of the middle part of the pharynx (in the lateral projection) can provide information only about the root of the tongue, the posterior pharyngeal wall, and sometimes the soft palate.
5. Computed tomography and MRI are appropriate for lesions of the paratonsillar tissue and parapharyngeal space, to determine the relationship between the tumor and the main vessels of the neck.
6. Lesions of the oropharynx are sufficiently accessible for taking material for morphological examination.