

# Epipharyngeal Tumors

The most common tumors of the epipharynx include angiofibroma, carcinoma, malignant lymphoma. Other types of tumors are rare in the nasopharynx.

## Benign tumors

### Juvenile angiofibroma

It is a polypoidal tumor. It occurs mainly in "men" between 15-25 years. Most regress during puberty.

 For more information see *Juvenile Angiofibroma*.

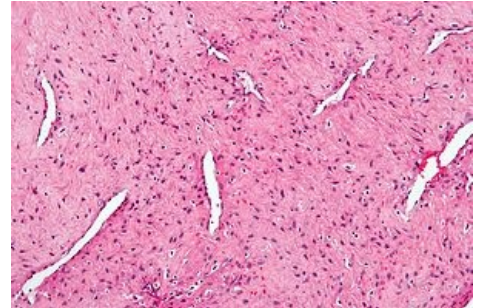
### Papilloma

It grows either exophytically or invertedly - locally aggressive.

### Angioma

## Carcinoma of the nasopharynx

Carcinoma of the nasopharynx is common in Southeast Asia. It is rare in Europe. Probably related to EBV exposure, *not related to alcohol and cigarette consumption* (unlike other head and neck ca).



Juvenil angiofibroma

## Histology

There are 3 types of nasopharyngeal cancer:

- **type I** - spiny cellular ca with keratinization:
  - tendency to "local spread" (cranial base),
  - less often the formation of metastases (regional and distant),
  - lower chemo- and radiosensitivity.
- **type II** - poorly differentiated squamous cell carcinoma without keratinization.
- **type III** - undifferentiated ca.

Types II and III have similar biological properties:

- characteristic ***infiltration of lymphocytes***,
- **early regional metastases** (neck nodes - packets),
- formation of "distant" metastases "more often" than in other head and neck tumors,
- association with **EBV** infection (increased titers of antibodies against EBV),
- *highly chemo- and radiosensitive*.

## Clinical picture

The first symptom is usually **painless enlargement of the neck nodes** (metastases).

### Early symptoms

- From *obstruction of the Eustachian tube* (blocking of the ear, tinnitus - the result of the chronic presence of secretions in the middle ear - otitis media chronica secretorica).
- **Nasal obstruction** (often **unilateral**), epistaxis.

### Late symptoms

- Neurological disorders – *impairment of cranial nerves*.
- First *paresis n. VI and n. V – diplopia and sensitivity disorder in the face*.
- In extensive tumors – paresis of other oculomotor muscles and lateral mixed system.

## Diagnostics

- Rhinopharyngoscopy,
- neck palpation,
- biopsy,
- CT, MR – spread to the skull base,
- USG – nodular finding,
- X-ray of the chest – lung metastases.

# Therapy

## Angiofibroma

- "Surgery" – lateral rhinotomy,
- **Bleeding** - AG of supplying vessels and their selective embolization.

## Carcinoma

The main treatment modality is **radiotherapy**' - *primary tumor and neck nodes bilaterally* (also elective in patients with unproven neck metastases).

- Carcinoma of the nasopharynx is associated with a high incidence of occult meta in the neck nodes!
- *Chemotherapy* - neoadjuvant × concomitant - patients with *advanced tumor* (T3 and T4) and patients with *neck metastases*.

## Links

### Related Articles

- Lymphomas
- Tumors of the oropharynx

### Resources

- KLOZAR, Jan. *Speciální otorinolaryngologie*. 1. edition. Galén, 2005. pp. 224. ISBN 80-7262-346-X.