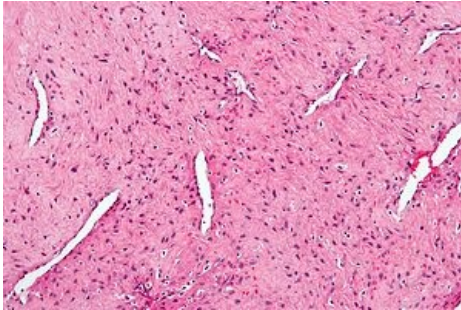


# Epipharyngeal tumors

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

## Benign tumors

### Juvenile angiofibroma



It is a polypoid tumor. It occurs mainly in *men* between the ages of 15 and 25. Most regress during puberty.

### Papilloma

It grows either exophytically or inverted - locally aggressive

### Angioma

## Nasopharyngeal cancer

Nasopharyngeal cancer is common in Southeast Asia. It is rare in Europe. It is probably related to EBV exposure, *not related to alcohol and cigarette consumption* (unlike other head and neck ca).

### Histology

There are 3 types of nasopharyngeal cancer:

- **type I** – squamous cell ca with horn:
  - tendency to *local spread* (cranial base)
  - less often the formation of metastases (regional and remote)
  - lower chemo- and radiosensitivity
- **type II** – little differentiated squamous cell ca without horns.
- **type III** – undifferentiated ca.

Type II and III have similar biological properties:

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

## Clinical picture

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

### Early symptoms

- From *Eustachian tube obstruction* (earring, tinnitus - consequence of chronic secretion in the middle ear - otitis media chronica secretorica).
- **Nasal obstruction** (often **unilateral**), epistaxis.

### Late symptoms

- Neurological disorders - *involvement of the cranial nerves*.
- First *paresis n. VI and n. V - diplopia and impaired sensitivity in the face*.
- In large tumors - paresis of other oculomotor muscles and lateral mixed system.

## Diagnostics

- Rhinopharyngoscopy,
- neck palpation,

- biopsy ,
- CT , MR - spread to the base of the skull,
- USG - nodal finding,
- Chest X- ray - lung metastases.

## Therapy

### Angiofibroma

- *Surgery* - lateral rhinotomy,
- Bleeding - AG supply vessels and their selective embolization.

### Carcinoma

The main treatment modality is radiotherapy - *primary tumor and cervical nodes bilaterally* (even in patients with unproven cervical metastases electively).

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

## Links

### related articles

- Lymphomas
- Oropharyngeal tumors

### Resources

- {{#switch: book

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