

Treatment of tumors of the oropharynx

In the treatment of tumors of the oropharynx, surgery, radiotherapy and their combination are mainly used.

Surgical approaches

Oral approach

- It is used for small, superficial, exophytically growing tumors, such as the tongue, floor of the mouth, palate, uvula or tonsils.
- The tumor must be reachable from the mouth, it must not spread to the bottom.
- A CO₂ laser is often used.

External access

- As a rule, it follows a block dissection of the neck nodes.
- We have two types:

1. Procedures not cutting the mandible

- **Pull through:**
 - it is a combined resection from the neck and oral approach.
- Procedures without resection of the mandible are performed for tumors of the floor of the mouth and root of the tongue.
- If the alveolar process is affected - a partial mandibulectomy is also performed;
 - is to extract a segment of the process without violating the mandibular shoulder.
- The resection is extended into the neck surgical wound and removed.
- **Lateral pharyngotomy:**
 - is used for the treatment of tumors of the root of the tongue and tonsillar fossa;
 - we penetrate the pharynx behind the big corner of the tongue.
- **Medial pharyngotomy (suprahyoid):**
 - the second traditional procedure;
 - we penetrate just above the tongue in the area of the glossoepiglottic valleculae;
 - most often for small medially located tumors of the root of the tongue.

2. Procedures violating the continuity of the mandible

- All larger operations.
- Either it is a temporary resection with subsequent osteosynthesis or it is segmentally resected.
- **Temporary mandibulotomy** (mandibular split):
 - the biggest advantage is the clarity of the operating field;
 - may be medial or paramedian (through the foramen mentale) or lateral;
 - good aesthetic result, but the mandible heals poorly with simultaneous radiotherapy.
- **The most radical approach:**
 - resection of the lateral segment of the mandible that is in contact with the tumor;
 - in one block together with soft tissues are removed;
 - the jaw moves to the operated side – the occlusion is imperfect, bad chewing;
 - bone reconstruction of the mandible is usually not performed, it will not help functionally.
- **Resection of the medial segment:**
 - in extensive base tumors;
 - disastrous aesthetic and functional results → bone reconstruction is done, usually from the fibula.

Therapy of nodal metastases

- Part of the treatment of every tumor of the oropharynx.
- Surgically, it is always a block dissection.
- In N0 usually supraomohyoid (area I to III);
 - we will remove it and, in case of a positive finding, complete a complete block dissection.

Links

Related articles

- Tumors of the oropharynx
- Tumors of the epipharynx

Source

- BENEŠ, Jiří. *Studijní materiály* [online]. ©2007. [cit. 14. 12. 2011]. <http://jirben2.chytrak.cz/materialy/orl_jb.doc>.

