

Tumors of the epipharynx

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).

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

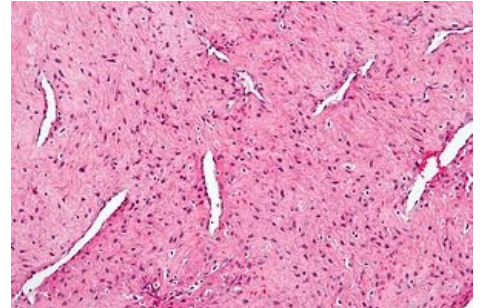
- From *obstruction of the Eustachian tube* (blocking of the ear, tinnitus - the result of the chronic presence of secretions in the middle ear - otitis media chronica secretorica).
- **Nasal obstruction** (often **unilateral**), epistaxis.

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.



Juvenile angiofibroma - histological preparation

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, et al. *Special otorhinolaryngology*. 1. edition. Prague : Galen, 2005. 224 pp. ISBN 80-7262-346-X.