

Treatment of oropharyngeal tumors

Surgery, radiotherapy and their combinations are used in the treatment of oropharyngeal tumors.

Surgical approaches

Oral approach

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

External access

- It usually follows block dissection of the cervical nodes.
- We have two types:

1. Non- mandibular procedures

- **Pull through:**
 - it is a combined resection from the cervical and oral approach.
- Procedures without resection of the mandible are performed on tumors of the base of the mouth and root of the tongue.
- If the alveolar ridge is affected - a partial mandibulectomy is still performed;
 - the segment of the protrusion is removed without breaking the arm of the mandible.
- The resection is stretched into the cervical surgical wound and removed.
- **Lateral pharyngotomy:**
 - is used to treat tongue root tumors and tonsillar fossa;
 - we penetrate the pharynx around the big corner of the tongue.
- **Medial pharyngotomy (suprahyoid):**
 - the second traditional procedure;
 - we penetrate just above the tongue in the area of glossoepiglottic valves;
 - most often on small medially placed tumors of the root of the tongue.

2. Procedures violating the continuity of the mandible

- All larger operations.
- It is either a temporary strain followed by osteosynthesis or it is resected segmentally.
- **Temporal mandibulotomy** (mandibular split):
 - the biggest advantage is the clarity of the operating field;
 - it can be medial or paramedial (via the foramen mentale) or lateral;
 - good aesthetic result, but the mandible does not heal well with current 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 the soft tissues it is removed;
 - the jaw slides to the operated side - the occlusion is imperfect, bad chewing;
 - Mandibular bone reconstruction is usually not performed, it does not help functionally.
- **Medial segment resection:**
 - in large tumors of the base;
 - catastrophic aesthetic and functional results → bone reconstruction is done, usually from the fibula.

Therapy of nodal metastases

- Part of the treatment of every oropharyngeal tumor.
- Surgically, it is always a block dissection.
- Usually supraomohyoid (NO I to III);
 - we will remove it and in case of a positive finding we will complete the complete block dissection.

Links

related articles

- Oropharyngeal tumors
- Epipharyngeal tumors

Source

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

- ws:Léčba nádorů orofaryngu

References