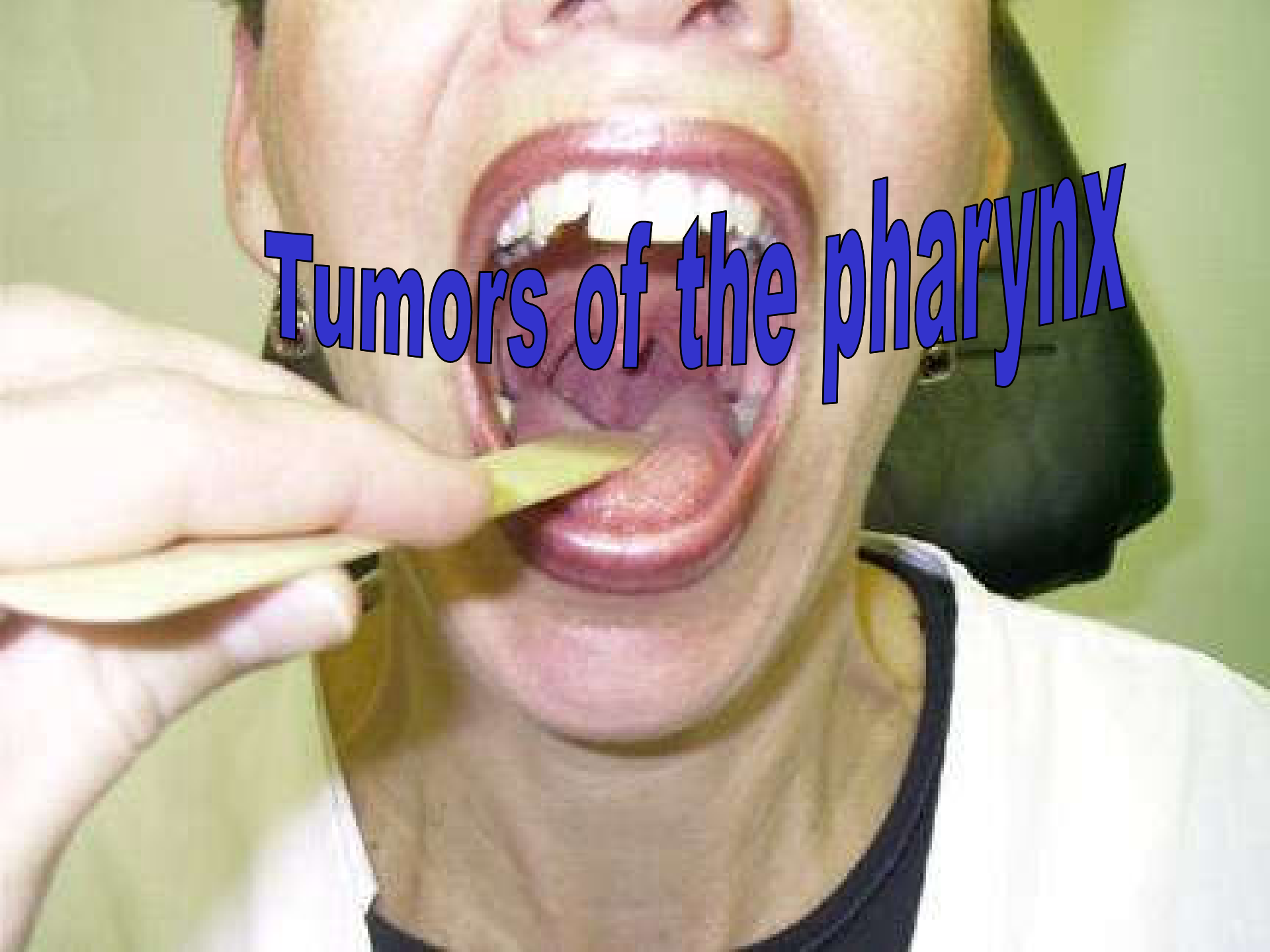


Tumors of the pharynx



- **Nasopharynx**

- Benign
- Malignant

- **Oropharynx**

- Benign
- Malignant

- **Hypopharynx**

- Benign
- Malignant

-Rare

Mixed salivary tumor which commonly occurs over the palate

papilloma

-Rare

- Oropharyngeal

- carcinoma



Papilloma

Nasopharyngeal Angiofibroma

- **ولد** عمره ١٧ سنة يعاني من انسداد في الناحية اليمنى من الأنف منذ عدة اشهر ونزيف انفي شديد و متكرر من نفس الناحية وضعف في السمع في الأذن اليمنى

Nasopharyngeal angiofibroma

Frequency

Age

Sex

Site of origin

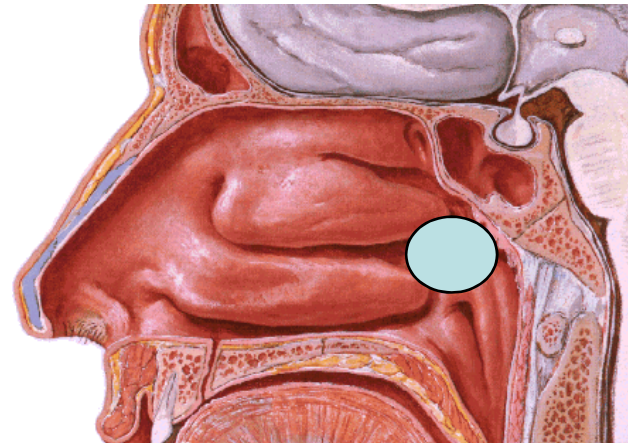
Etiology

- The commonest benign tumor of the nasopharynx
- At puberty
- Only males



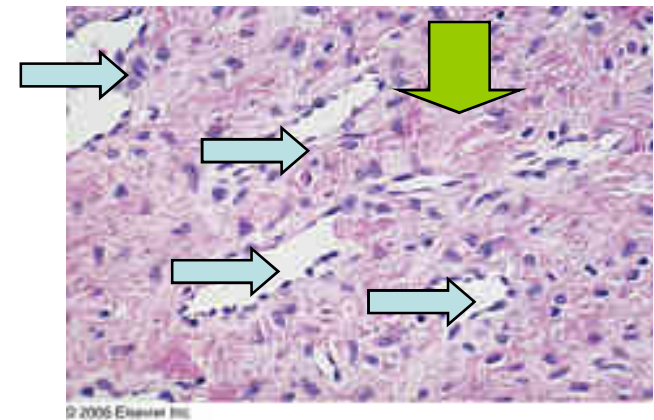
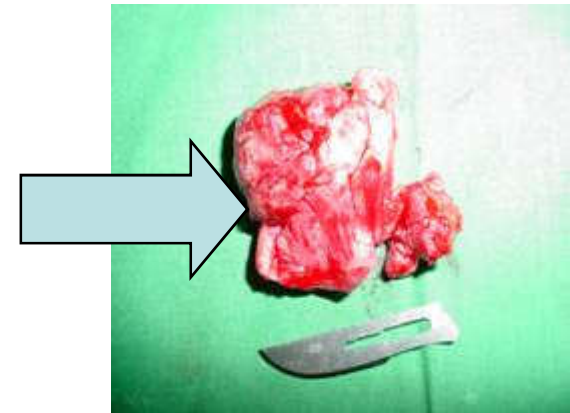
- Most probably paraganglioma from the **paraganglionic** tissue in relation to the terminal part of the **maxillary artery**

- The lateral wall of the nose behind the middle turbinate



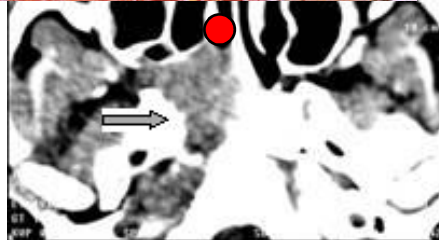
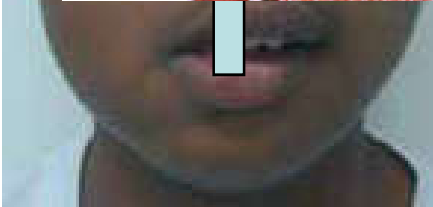
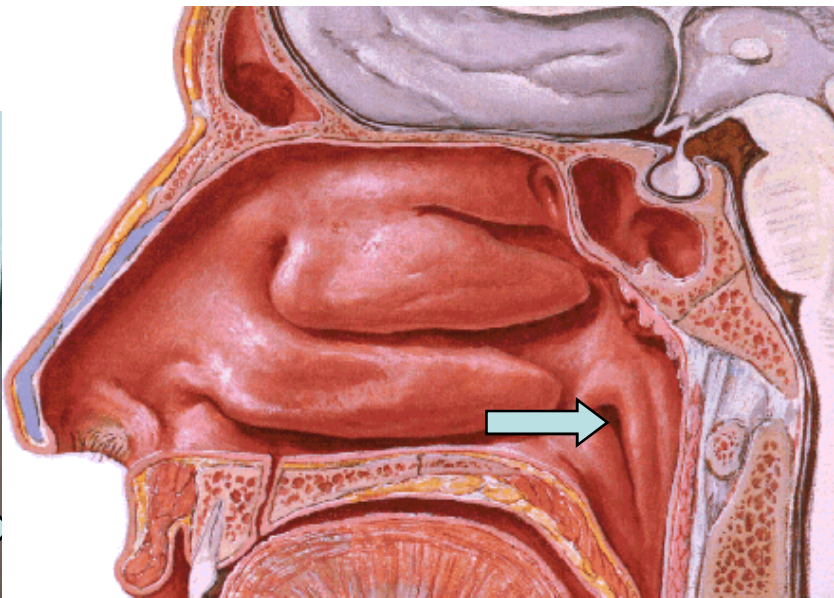
Pathology

- Highly pinkish lobulated vascular mass,
- consists of large sinusoidal vascular spaces with no muscle coat → **so bleeding easily**
- Separated by connective tissue stroma



Nasopharyngeal angiofibroma

Spread



Forwards;
To the nasal cavity → pinkish lobulated mass is seen

Broadening of the external nose → proptosis
(Frog face deformity)

Laterally :
from the nose → sphenopalatine foramen → pterygopalatine fossa → Pterygomaxillary fissure → mass on the cheek

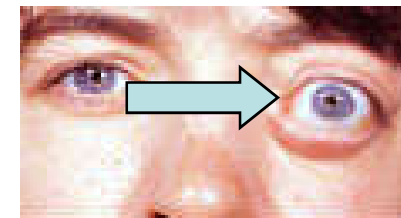
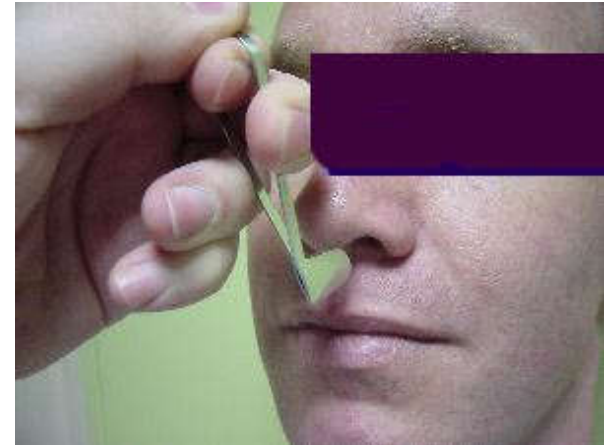
Obstruction of ET → Secretory otitis media

Signs

- Pallor
- Pinkish lobulated mass in the nose which bleeds easily on touch
- Unilateral secretory otitis media

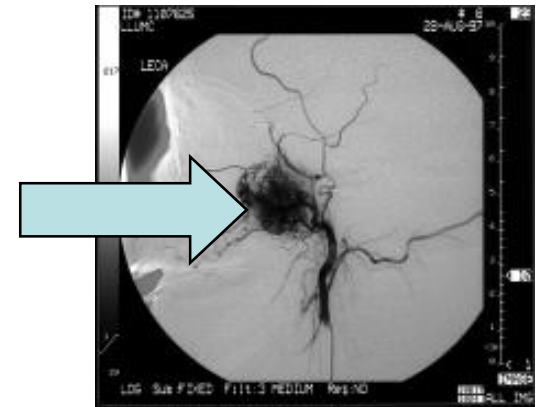
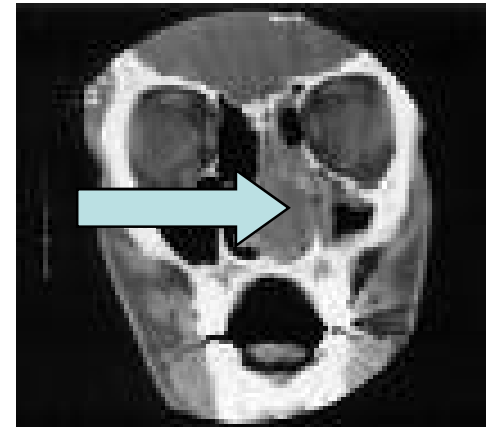
Later:

- Broadening of the external nose & proptosis (**Frog Face**)
- Swelling of the cheek



CT SCAN
Carotid angiography
Biopsy ??????????

Don't do it
Very Severe bleeding
will occur



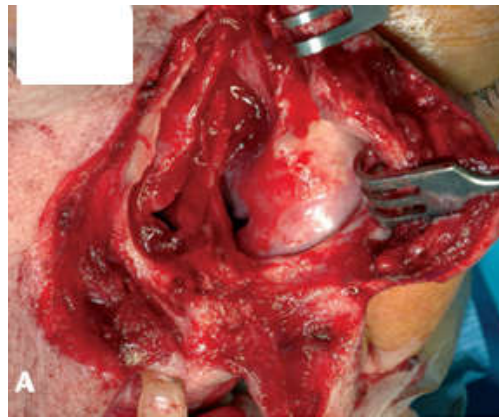
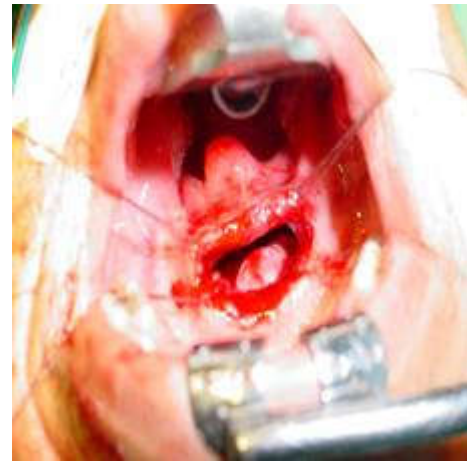
Treatment

Embolization of the feeding vessel? To decrease the intra-operative bleeding

Then

Excision through:

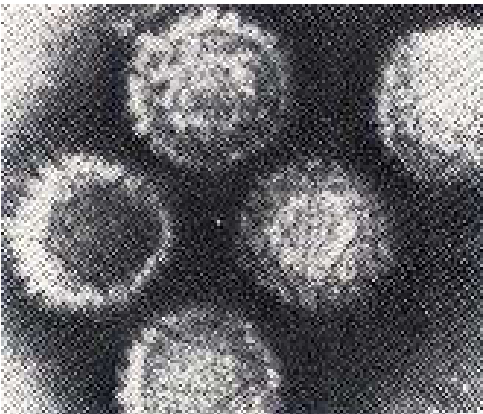
- Transpalatal approach
- Midface degloving approach
- Lateral Rhinotomy approach



Nasopharyngeal Carcinoma

- Frequency
- Age
- Sex
- Etiology

- The commonest Malignant tumor of the nasopharynx
- Commonly **above 50**
- Males > Females
- Epstein Bar Virus



Spread

Local

- Forwards
- Lateral
- Superiorly
- Inferiorly

Lymphatic

Blood

Nasal Cavity

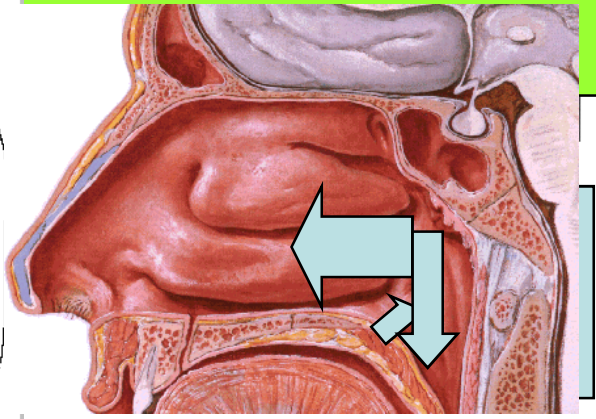
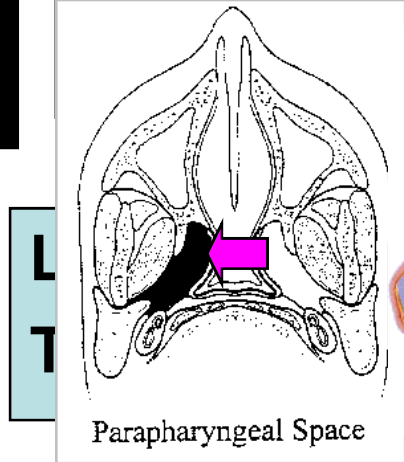


lingual space →



Carotid canal → middle cranial fossa → Cavernous

Early & common
To Upper deep cervical Lymph



Commonly Male patient above 50

Symptoms

- Unilateral Nasal obstruction
- Unilateral mild epistaxis
- Unilateral hearing loss **Why?** ET obstruction → Sec.OM
- Symptoms of pharyngolaryngeal paralysis **Why?**
Due to IX & X cranial nerve paralysis
- Diplopia **Why?** III, IV, VI cranial Nerve paralysis
- Unilateral facial pain **Why?** V cranial nerve invasion



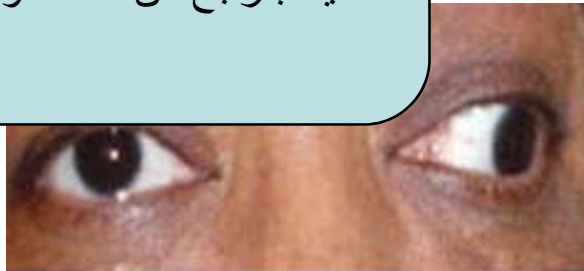
Nasal regurge of fluids

Nasal tone of voice (**Rhinolalia Aperta**)

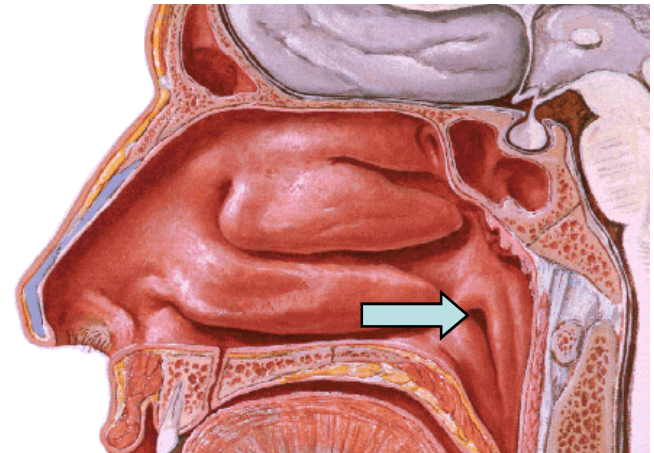
Dysphagia more to fluids

Hoarsness of voice

المياه بترجع من الأنف وخنف وصعوبة في بلع السوائل
وبحة في الصوت

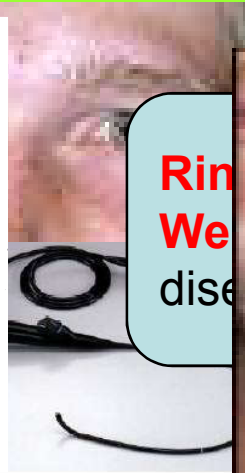
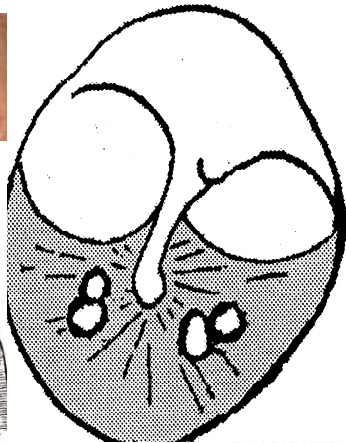
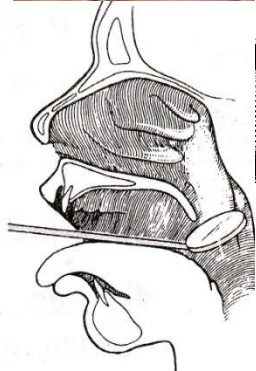


Double vision



Signs

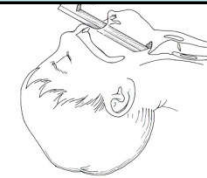
- **Nasopharyngeal examination** → Ulcer or fungating mass
- **Oropharyngeal examination**
 - immobilization of the palate
 - Tongue paralysis :
- **Ear examination** →. Unilateral secretory otitis media
- **Orbital examination** →
 - Unilateral Proptosis
 - Unilateral Ophthalmoplegia
- **Facial examination** : unilateral anesthesia over the maxilla
- **Cervical Examination:**
UDCLN, may be the earliest manifestation



Rin
We
dis



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ateralized to the



What is Trotter's Triad?

- ***Unilateral conductive hearing loss***
- ***Ipsilateral earache & facial pain***
- ***Ipsilateral immobilization of the soft palate***

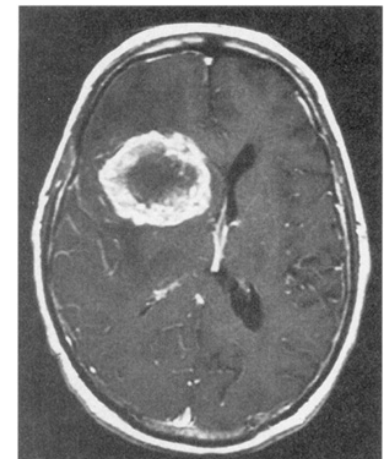
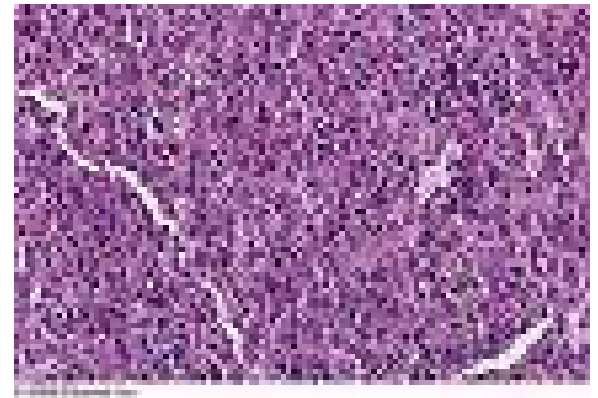
Dagnostic of Nasopharyngeal Carcinoma

1- CT & MRI

2- Biopsy to confirm the diagnosis

3- Metastatic work-up:

- Chest X ray
- Abdominal Ultrasound
- Bone scan
- Brain CT scan



Treatment

Radiotherapy

Radical neck dissection
in the presence of
palpable cervical lymph
nodes

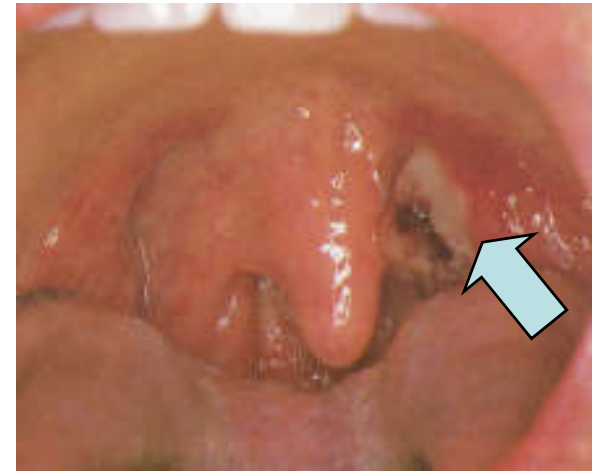


Oropharyngeal carcinoma

- Frequency
- AGE
- Sex
- Site
- Predisposing factor

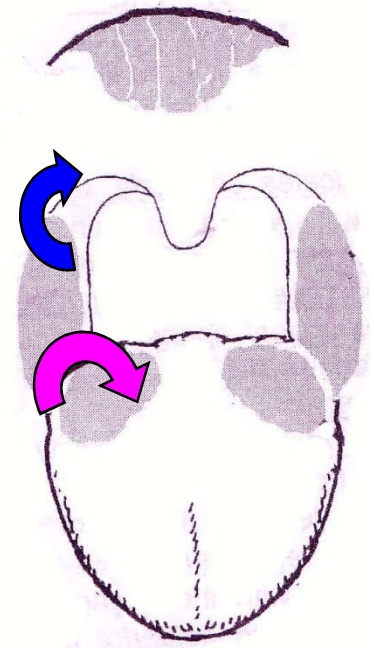
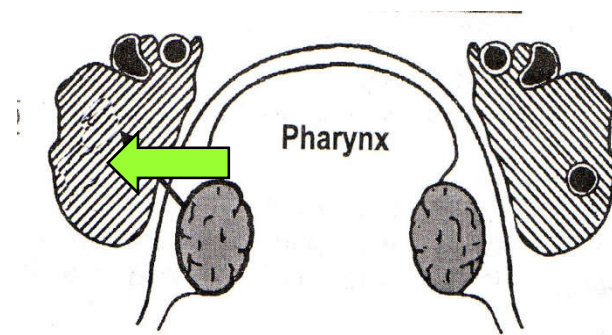
The commonest oropharyngeal malignant tumor

- Commonly elderly
- Commonly males
- Commonly the tonsils
- Excessive smoking & alcohol intake



Spread

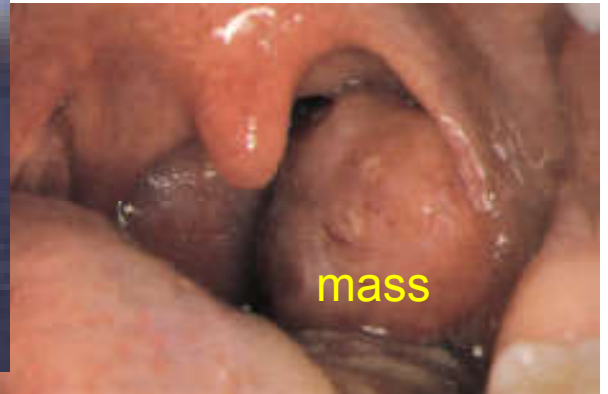
- Direct
- Lymphatic
- Blood



**As described before in
Nasopharyngeal carcinoma**

Signs

- Fungating mass or Ulcer
- Enlarged UDCLN



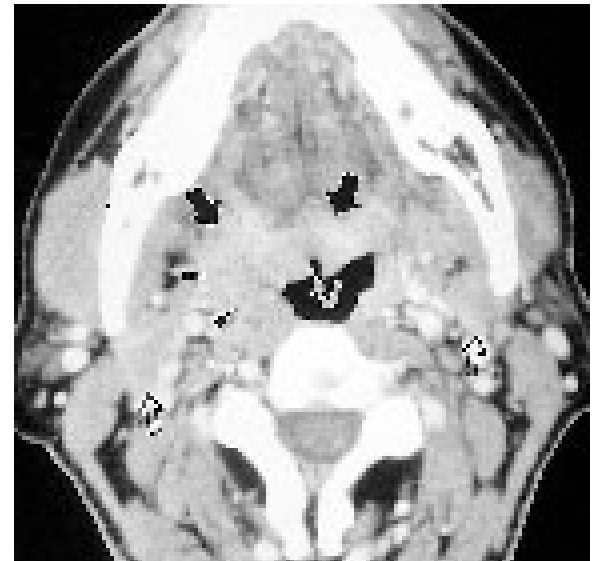
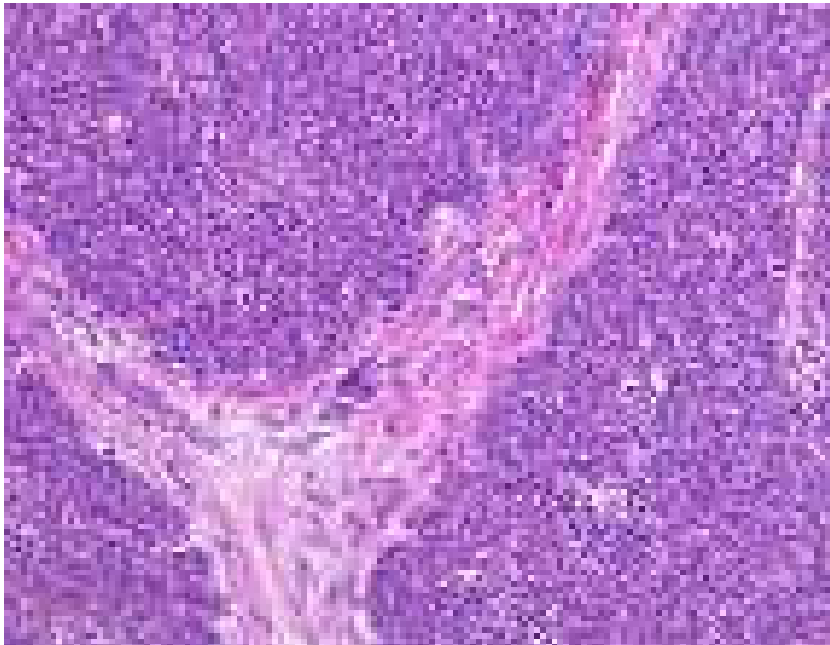
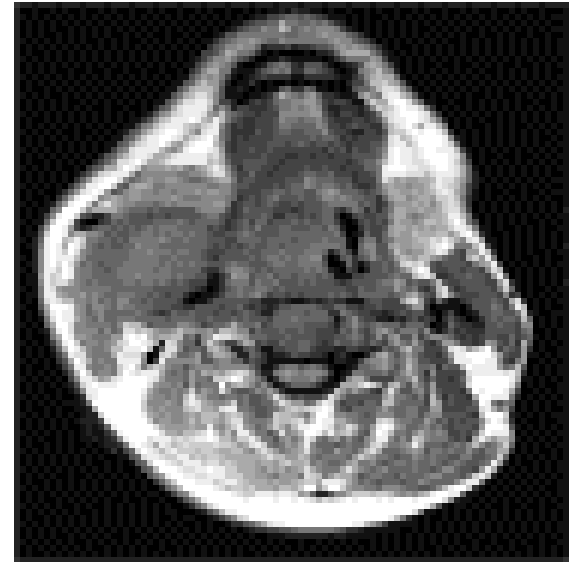
Investigations

1- CT scan & MRI :

to assess tumor extension & LN involvement

2- Biopsy: To confirm the diagnosis

3- Metastatic work-up: as before



Treatment

- Wide Surgical excision postoperative radiotherapy
- RND in the presence of palpable cervical LN



Radiation mask used in treatment of throat cancer

Pyrriform fossa carcinoma

- **AGE**
- **Sex**
- **Predisposing factor**

- **Commonly elderly**
- **Commonly males**
- **Excessive smoking & alcohol intake**



Spread

Local

To the postcricoid region

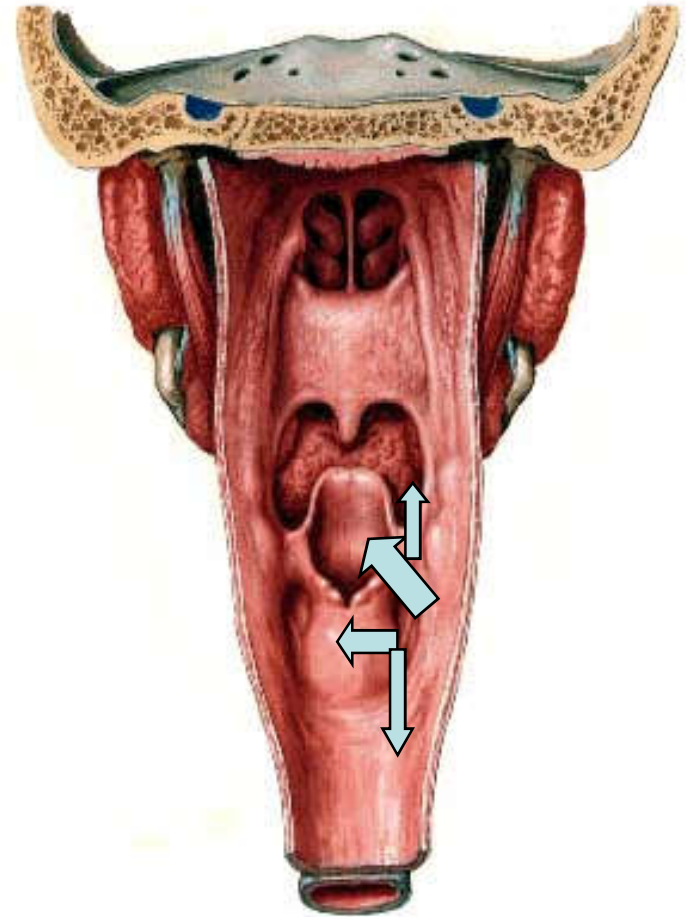
To the larynx

To the base of the tongue

To the esophagus

Lymphatic spread &

Blood spread : As before



Symptoms

Early cases

Later on

- **Asymptomatic** or
- Vague throat discomfort
- May present primarily by enlarged cervical lymph nodes

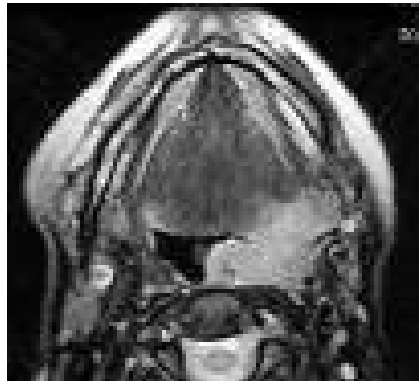
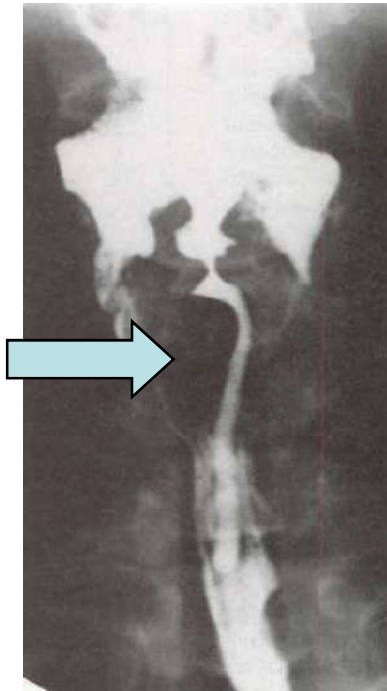
Invasion of the
larynx or
recurrent laryngeal nerve

- Gradually progressive **dysphagia** first to solids then to solids & fluids
- **Sore throat** with referred otalgia
- **Hoarseness** of voice

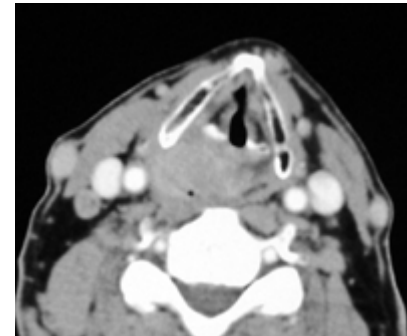
Why?

Investigations

- Barium swallow: FILLING DEFECT
- CT & MRI
- Biopsy:
- Metastatic work up: as before



Magnetic resonance imaging (MRI) scan (axial cut) showing tumour arising from the right tongue base



Axial CT scan of a tumour of the left piriform fossa with ipsilateral cervical lymph node metastases

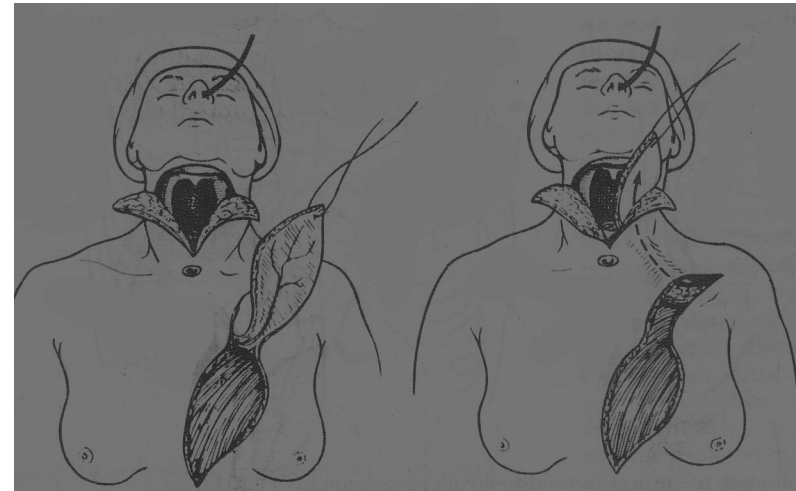
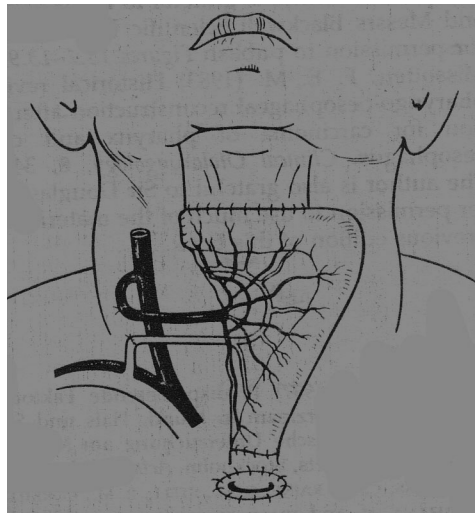
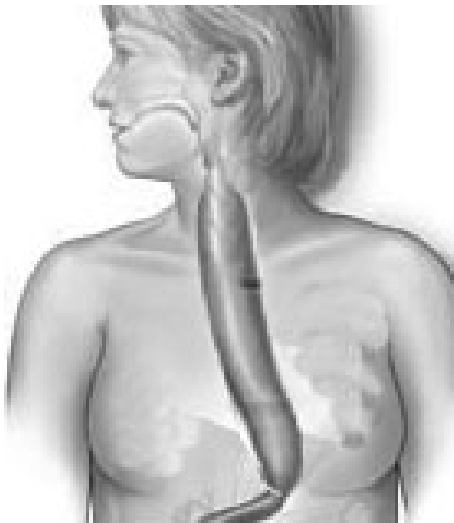
Treatment

- Surgical
- RND

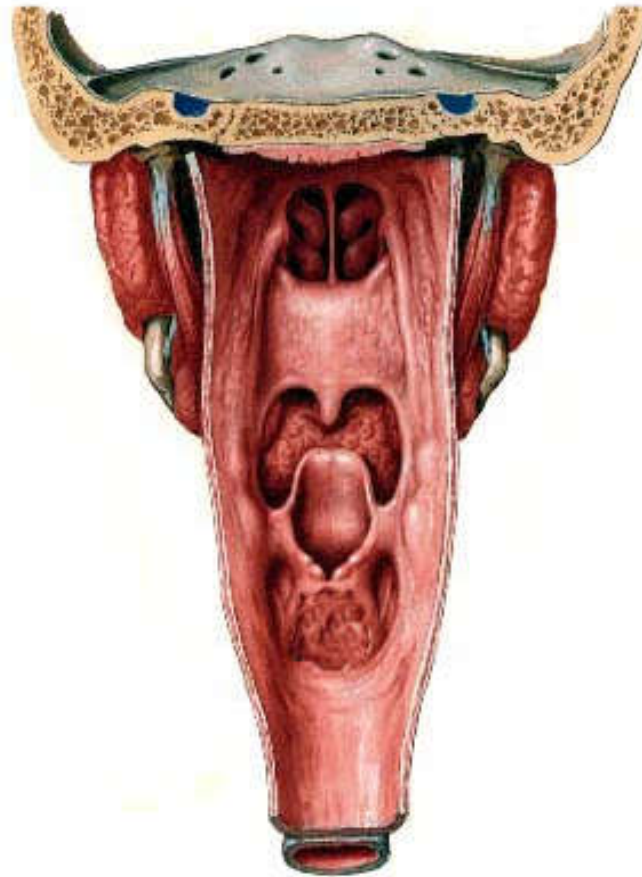
-Pharyngolaryngectomy

-Reconstruction by:

- Stomach pull up
- Colon or ileum interposition
- Myocutaneous flap



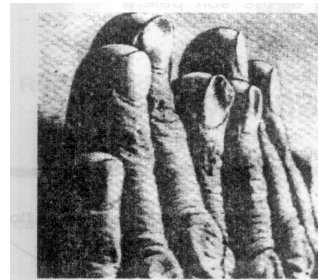
Postcricoid Carcinoma



- **AGE**
- **Sex**
- **Predisposing factor**



- Commonly **middle age**
- Commonly **females**
- Excessive smoking & alcohol intake
- **Plummer Vinson Syndrome**



koilonychia



Glazed tongue



Angular stomatitis

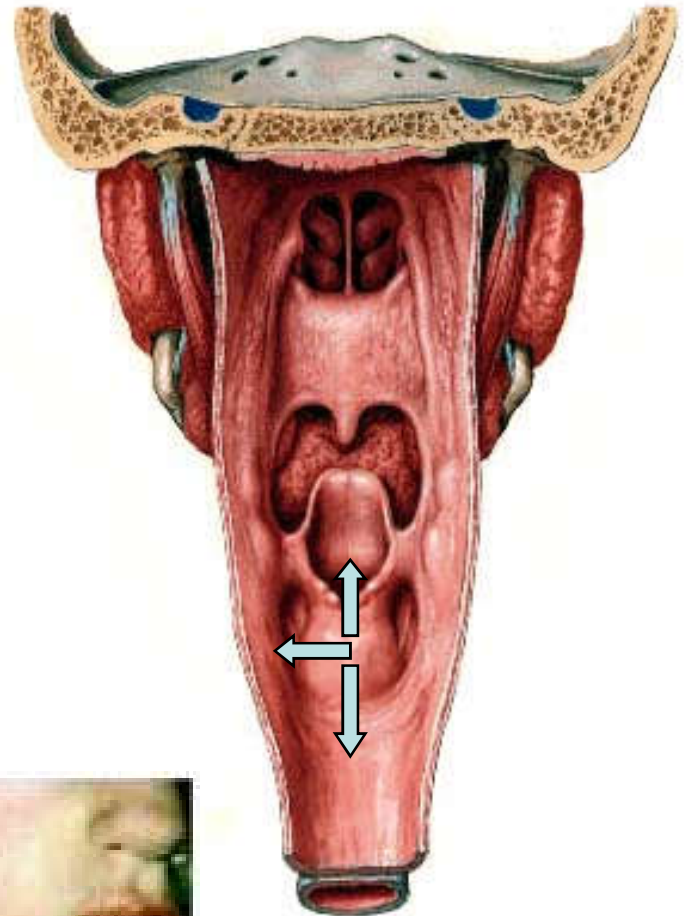
Spread

Direct

- Forwards to the Larynx
- Laterally to the pyriform fossa
- Downwards to the esophagus

Lymphatic: early & common to UDCLN

Blood: late and rare to L, L, B, B



Signs

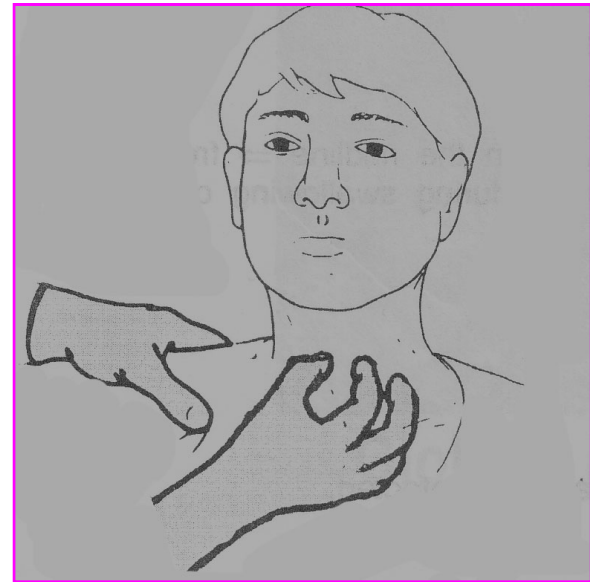
- By indirect laryngoscopy or endoscopy the tumor is seen
- Enlarged UDCLN
- Positive Moure's sign

What is Moure's sign?

Hold the larynx between index and thumbfingers of your right hand and move it from side to side over the vertebral column

Normally you feel click

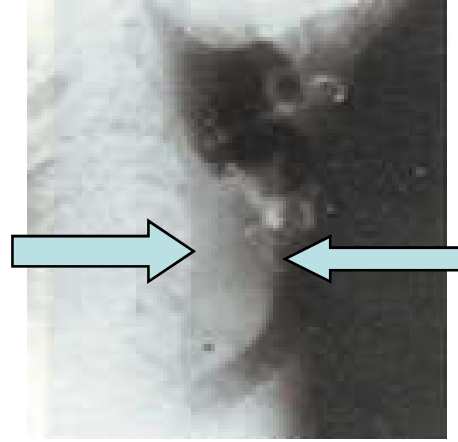
In postcricoid carcinoma there is absence of click



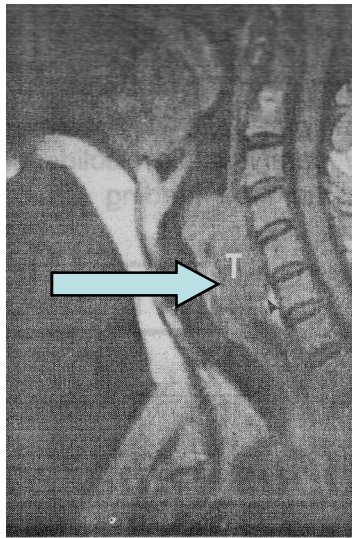
Investigations

- Lateral plain X ray of the neck
- Barium swallow
- CT & MRI
- Biopsy
- Metastatic work up

As before



Lateral plain X ray
Showing increased thickness
of prevertebral space with the
larynx & trachea pushed anteriorly



MRI showing the mass



Barium swallow showing filling defect

What is your diagnosis?





Thank You

