Head and Neck Cancer in India: Problems Faced by Treating Oncosurgeon: Short Review

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ABSTRACT

Head and neck cancer constitute one of the most common cancer in India. Unlike western, it is associated with trismus and submucosal fibrosis in indian patients which makes the treatment more difficult. Irrational and inappropriate treatment leads to higher recurrence and mortality rate in India.

Keywords: Head And Neck, Cancer, Awareness

Introduction

Head and neck cancers are a significant problem in our country constituting approximately one-third of all cancer cases in contrast to 4–5% in the developed world. This is due to habits of using smokeless tobacco along with lime, Katha and supari^{1, 4}. Many have the habits of keeping this quid in their mouth for a long time. The incidences of sub mucosal fibrosis and progressive trismus are highest in Indian sub-continent because of the same habits. [Mahendra Pratap Singh](#) et al also found that smokeless form of tobacco consumption was the major form of tobacco consumption¹. These conditions make the diagnosis and treatment of oral lesion more difficult.

Paradoxically, management of these cancers in developing countries is dictated by guidelines emanating from the West, where there is less use of smokeless tobacco and fewer incidences of trismus and submucosal fibrosis.

Patients of submucosal fibrosis present in a very early age. They need a long follow up. Due to fibrosis of the mucosa, proper clinical evaluation of oral cavity can not be done. The induration due to the disease if any cannot be differentiated from that of SMF. Appropriate visualization and manual palpation of the oral cavity pathologies are not possible. We have to depend more on the cross-sectional imaging.

During surgery, due to restricted mouth opening the incidences of tracheostomy increases. The approach to oral cavity in these patients is different. Lip split, mandibular split etc. is more in comparison to normal patients. During wide local excision, sometimes a larger lesion is noticed than what we have predicted based on cross sectional

imaging. This further increases the morbidity of the patients. Moreover the adequate resected margin cannot be taken confidently.

Another problem encountered in the management of head and neck cancer is the nutritional status of the patient. In Indian subcontinent due to habit of chewing tobacco and associated SMF, the taste buds get atrophied. Due to loss of taste and sensation of the oral cavity, patients are not aware of the oral ulcers and usually present late to the clinician. Most of these patients are malnourished and associated with nutritional anemias and hypoproteinemia. Due to trismus they have to put extra efforts for an adequate diet. The dental condition of these patients is also very poor, which causes increased morbidity during treatment and post treatment management.

The adherence of patient for the complete treatment is another issue. Due to illiteracy, poor financial condition and lack of family support most of patients could not complete the total treatment².

Maximum patients of head and neck cancer in India is being treated by persons with little knowledge about cancer management like ENT surgeon, Plastic Surgeon, maxillofacial surgeon etc. So proper guidance regarding adjuvant treatment is rarely advised by them. As a result, large numbers of potentially curable patients are inappropriately treated. This leads to higher recurrence rate in India. Postoperative tumor recurrence leads to bad prognosis and increases the morbidity of the patient. This was properly highlighted by Trivedi N P et al³ in his study. He found that 69 (89%) patients did not receive proper treatment according to either NCCN or Tata Hospital guidelines.

Conclusion

So the problems are multifaceted. It's high time that government should formulate uniform national guidelines and making clinicians accountable to follow it. Since head and neck cancer can be prevented, emphasis should also be given to the awareness program.

References

1. Mahendra Pratap Singh, Vijay Kumar, Akash Agarwal, Rajendra Kumar, M.L.B. Bhatt, Sanjeev Misra: Clinico-epidemiological study of oral squamous cell carcinoma: A tertiary care centre study in North India: J Oral Biol Craniofac Res. 2016 Jan-Apr; 6(1): 31–34.
2. Poonam Joshi, Sourav Dutta, Pankaj Chaturvedi, Sudhir Nair: Head and Neck Cancers in Developing Countries: Rambam Maimonides Med J. 2014 Apr; 5(2): e0009.
3. Trivedi N P, Kekatpure V D, Trivedi N N, Kuriakose M A. Head and neck cancer in India: Need to formulate uniform national treatment guideline?. Indian J Cancer 2012;49:6-10
4. Mitali Dandekar, Vidisha Tuljapurkar, Harsh Dhar, Aru Panwar and Anil K. D Cruz :Head and neck cancers in India: Journal of Surgical Oncology: 2017;115;555–563.

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