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Oh me throat

Date: 15 January 2009

You can literally lose your voice, and much more, if throat cancer strikes.

Cancer of the throat is also known as laryngeal cancer. The larynx consists of three main areas – supraglottis, glottis and sub glottis.

However, the English word “throat” has a larger area than the larynx, and includes the pharynx.

The laryngeal covering consists of squamous cells. Thus, squamous cell carcinomas are commonly seen in malignancies of the larynx.

According to consultant otolaryngology specialist and surgeon Dr Kuljit Singh, the earliest symptoms of laryngeal cancer would be hoarseness of the voice, which may persist for more than two weeks. Most infective causes of hoarseness will have similar symptoms but should subside within 14 days.

Many patients will also complain of a sore throat or feeling that something is stuck in the throat and these symptoms should be investigated if they do not get better after conservative medication. This symptom is usually associated with a dry irritating cough.

Symptoms which are considered bad would be when the patient develops breathing problems, bad breath, weight loss, ear ache, spitting out blood and a lump within the neck.

The exact cause of laryngeal cancers is unknown but statistics have shown that males are four times more at risk than females and predominantly seen in age above 50 plus.

Most databases from cancer registries throughout the world have documented that smokers are far more likely to be affected than non smokers with cancer of the larynx.

Dr Kuljit commented that the risk multiplies further when smokers consume alcohol heavily too. Cessation of smoking can greatly decrease the risk of cancer of the larynx as well as cancer of the lungs, mouth, pancreas, bladder and oesophagus.

Other possible causes of laryngeal cancer are occupational exposure to sulphuric acid mist, nickel and asbestos. Certain viruses and gastro-esophageal reflux disease may also contribute to the change of normal cell structure within the larynx.

How will your doctor confirm laryngeal cancer?

“The doctor will examine your neck for any abnormal lump and the structures within your neck. Any abnormal growth around your throat will require a further examination by the doctor,” said Dr Kuljit.

“Using a simple mirror like that used by the dentist, the doctor will attempt to view the larynx, failing which a thin lighted scope will be inserted through the nose, after adequate local anesthetic spray,” he added. “This examination is done in an outpatient clinic but in certain difficult and suspicious instances the examination is done under general anaesthesia, whereby biopsies would be taken from the larynx.”

Biopsies will assist the treating ENT doctor to ascertain if the suspicious lesion is malignant or benign before deciding on the treatment. The doctor may also request for a CT scan or MRI scan of the neck to see the tumour extension to other spaces within the neck.



Both biopsy and imaging will help the doctor gauge the laryngeal cancer and the choice of treatment and the survival rate can be predicted.

Treatment should commence soon after diagnosis is made. Dr Kuljit advised that the ideal treatment should be in a facility which has a team comprising of an ENT surgeon, radiation oncologist, medical oncologist, speech pathologist and a nutritionist.

The mode and type of treatment varies and it is based on the site of the laryngeal cancer, the size of the tumour and the extent of the spread. The treatment plan will be discussed with the patient so that the expected outcome is known.

As stated by Dr Kuljit: "Today, we treat laryngeal cancer using radiation, surgery and chemotherapy. In many instances, the treatment would consist of a combination of two or sometimes all the three types of treatment."

Radiation therapy alone is for small tumours and for patients who cannot undergo surgery. Radiation therapy and surgery is combined when cancer mass needs shrinkage or the cancerous mass reappears after surgery.

Chemotherapy is sometimes administered with radiation but the oncologist and the ENT surgeon will usually make decisions collectively.

Surgical removal of the larynx could be complete or partial depending on the size and the spread of the tumour. The removal could be excising either with a scalpel or laser.

In total removal of the larynx, the doctor will create a hole known as a stoma within the neck as a permanent feature. In some cases, patient will have to be temporarily fed directly into the stomach till the healing is complete at the larynx.

Laryngeal cancer treatment with radiation and chemotherapy have similar side-effects as in other cancers when treated likewise. "These patients have difficulty in eating and breathing, which may cause distress. Good nutrition during pre-treatment and with proper counselling of airway care and stoma management will assist the patient to recover faster," Dr Kuljit said.

This article was first published in The Star on 28. December 2008

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