Introduction

Squamous cell carcinoma of the hypopharynx has an initial clinical presentation at advanced clinical stages (III and IV), even in developed countries, which corresponds to a worse prognosis. This prognosis is related to the late clinical presentation of the signs and symptoms of the disease; aggressive local tumor growth patterns with infiltration of neoplastic cells into the submucosa, resulting in neck and distant metastases. The loco-regional control of head and neck tumors have not presented progress, especially in the advanced stages. Tumors in the early clinical stages (I and II) have had favorable results with surgery or radiotherapy alone, whereas advanced tumors (clinical stages III and IV) have presented better results when surgery has been associated with postoperative radiotherapy. The goal of this study was to evaluate the clinical and treatment related factors among patients with squamous cell carcinoma of the hypopharynx who underwent initial surgical treatment.

Patients and methods


Discussion

In treating squamous cell carcinoma of the hypopharynx, preservation of the voice and swallowing without aspiration and the impact of these functions on the patient’s quality of life must be taken into consideration. Thus, in the initial clinical stage of the disease, good oncological and functional results from the initial surgical or radiotherapeutic treatment are obtained. On the other hand, there have been encouraging results from treating the disease in advanced clinical stages through an association of surgery and radiotherapy, and this is the standard treatment for such tumors. Nevertheless, the aggressive biological behavior of these tumors deserves special attention, given that studies in the literature have reported that there have been failures in the loco-regional control of disease relating to the primary tumor. Gilbert and Kagan demonstrated that survival in cases of tumors of the hypopharynx is unrelated to the type of treatment and the size of the primary tumor. On the other hand, some authors have demonstrated that failure in the initial treatment is related to regional recurrences and distant metastases, with better local disease control rates. The local disease control rates are variable and depend on the type of initial treatment instituted. Survival rates of 16% for initial tumors and 18% for advanced tumors have been found with an association of surgery and complementary radiotherapy. The likelihood of developing distant metastases is greater in cases of squamous cell carcinoma of the hypopharynx. This is related to the presence of disease at advanced stages at the time of diagnosis. Distant metastases in such cases are also related to the first clinical manifestations of failure of disease control.

Conclusions

The squamous cell carcinoma of the hypopharynx in our casuistic was predominantly diagnosed in the first consultation in advanced clinical stages (96.5%) and with five-year disease-free survival of 35%.

References