Objective: To investigate the incidence of trismus and to analyse the impact on health-related quality of life (HRQL) in patients with trismus undergoing treatment for Head & Neck (H&N) cancer.

Methods: This prospective study assesses the incidence of trismus in H&N cancer patients during 2007 in a University hospital setting. Maximum interincisal opening was measured in 69 patients during the study year and the EORTC HRQL questionnaires and Gothenburg Trismus Questionnaire (GTQ) was used.

Results: In the present study the incidence of trismus was 9% pre-treatment and the highest incidence (38%) was found 6 months post-treatment. Patients with tumors of the tonsils were the most prone to develop trismus. The trismus patients reported negatively affected HRQL in terms of ability to work and affected social and family life than those without trismus. Furthermore, all patients with H&N malignancies had severe problems with deteriorated HRQL parameters, especially at three months post treatment.

Conclusion: The incidence of trismus in patients with H&N cancer is non-negligible. Trismus severely impairs HRQL and daily life activities in H&N cancer patients.

Methods and Materials

During the study year (2007) 75 patients with a primary diagnosed H&N cancer referred to the Ear, Nose and Throat (ENT) clinic at Sahlgrenska University Hospital and presented at the weekly tumour board meeting were included in the study. In the present study, we used the trismus definition proposed by Dijsktra et al. [5]. The cut off criterion for trismus as maximum interincisal opening (MIO) of 35 millimetres (mm), is which is generally nowadays regarded as gold standard [14,15].

The criteria for trismus, suggested by Dijsktra et al. at a cut off level for trismus at MIO ≥ 35 mm, was used [5].

The MIO was measured using a ruler and was carried out with the patients seated in an upright position.

The aim of this study was to investigate the incidence of trismus prospectively and to analyse the impact on HRQL in patients undergoing treatment for H&N cancer. This study also investigated the symptom-specific instrument Gothenburg Trismus Questionnaire (GTQ) according to its responsiveness to change over time in H&N cancer patients.

Incidence of trismus in different H&N cancer diagnoses

The GTQ instrument has previously shown to have good psychometrically qualities according to validity and reliability and the present study has now also documented the responsiveness of GTQ to change over time [6].

Conclusions

Overall the incidence of trismus (MIO ≥ 35 mm) was high in our material; 38% of the patients had trismus 6 months after finishing their oncological treatment in this prospective study. Furthermore, we found that patients with trismus had more pain and greater negatively affected HRQL than patients without trismus.

The GTQ instrument has previously shown to have good psychometrically qualities according to validity and reliability and the present study has now also documented the responsiveness of GTQ to change over time [6].

References


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