

Letter to the Editor

Dysphagia in head and neck cancer patients

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Dear Editor,

I read with great interest the article entitled 'Prevalence of dysphagia in patients with head and neck cancer at dental clinic, Hospital USM' (Linn *et al.*, 2015). The study highlighted the important complication of the natural course of the disease or as the result of treatment for head and neck cancer. Dysphagia can significantly reduce the patient's quality of life if it is not well-addressed by the treating clinician.

Dry mouth or xerostomia is one of the commonest side effects of radiotherapy, which can lead to troublesome dysphagia. It is a well-known complication of radiotherapy, which is a common modality of treatment for head and neck cancer patients, which can be given as neo-adjuvant treatment, concurrent with chemotherapy or prescribed as an adjuvant regime. It is regarded as the treatment of choice for nasopharyngeal carcinoma (NPC), which is the most common head and neck cancer in Malaysia. NPC is the fourth commonest cancer reported in 2007, after colorectal, breast and lung (including trachea and bronchus) (Omar *et al.*, 2006).

In the article however, the NPC cases are not included. Most probably as reflected in the title, those who were in the study are the subset of overall head and neck cancer patients, who attended dental clinic. Those populations recruited in the study are mainly cancer cases involving

oral cavity and the maxilla, which are managed by maxillofacial team. Besides NPC, other neck cancers for example thyroid carcinoma (Fig. 1) or hypopharynx carcinoma (Fig. 2) can directly cause dysphagia as the mass is obstructing the upper esophageal opening and directly compressing the alimentary tract.



Fig. 1 Thyroid carcinoma (arrow) which is compressing the esophagus causing significant dysphagia.



Fig. 2 Hypopharynx mass (in black oval) causing direct obstruction to the esophageal lumen.

As there is no previous dysphagia data among head and neck cancer patients (Linn *et al.*, 2015), the readily available published figures should create more awareness among treating clinicians the paramount important of identifying and addressing this complication more diligently. In an ideal setting, a dedicated dysphagia clinic would offer better rehabilitation to this group of patients. Some centres do practice a prophylactic swallowing exercise in head and neck cancer patients before undergoing radiotherapy, even though the results are not yet promising (Mortensen *et al.*, 2015).

References

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