

NOSE CANCER

NOSE CANCER - IN PARTICULAR, nasopharyngeal carcinoma (NPC) – has an exceptionally high frequency in this part of world. Often referred to as a “Cantonese cancer” due to its prevalence amongst Cantonese-speaking residents of Southern China, Guangdong province (as well as countries with a high percentage of migrants from that province, such as Hong Kong and Singapore), NPC is the 6th most common cancer to affect Chinese men, especially those between 40 and 65 years of age.

The Singapore Cancer Registry reports that the incidence rates of NPC has remained stable from 1968 to 1992 but has subsequently began to decline. Among Chinese men, age-standardised rates have fallen from 18.7 (per one million men) in 1988-1992 to 12.5 (per one million men).

The cause of NPC is thought to be a result of a combination of genetic susceptibility and the interaction of environmental carcinogens with the Epstein-Barr virus (EBV) infection. The environmental carcinogens include tobacco, occupational exposure to fumes and chemicals, & one’s dietary habits. Cantonese-style salted fish has been shown to be associated with NPC, especially if the child was exposed to it during his/her weaning period. Other preserved food implicated with NPC include fermented fish sauce, salted shrimp paste, salted soy beans, fermented bean curd, preserved plums, salted duck eggs, canned pickled vegetables, and salted mustard greens.

The commonest sign of NPC is the presence of swollen neck nodes: a symptom seen in 50% to 70% of all patients. The upper deep cervical nodes are most common affected, and a third of these patients have these swollen nodes on both sides of the neck.

Blood-stained phlegm emanating from the nose is another common symptom, especially in the Singaporean population. In especially severe cases of NPC, the tumour may actually infiltrate the eustachian tube in the ear, thus causing the loss of hearing in one side as well as a persistent feeling of one being unable to clear the ear. A ringing sound or tinnitus is also a common symptom. If the patient presents with hoarseness of voice and difficulty swallowing, it may indicate late or advanced stage spread into the 10th cranial nerve at the base of the skull.

The NPC tumour may also spread to other

parts of the brain, causing symptoms such as double vision (especially on lateral gazing); muscle wasting and

paralysis of the tongue, neck and eye muscles; persistent headaches; & cranial nerve deficits .

If you should have any of the aforementioned symptoms especially if you are of southern Chinese origin or have a family history of NPC, you should see an ENT specialist as soon as possible for a thorough investigation of the nasopharynx. This is a fairly comfortable and painless outpatient procedure that can be performed in the doctor’s clinic: no fasting or other special preparation is required.

The fiber-optic video scope is combined with narrow band imaging which is a recent advance in endoscopic technology which uses spectral narrow band filters (red, green and blue bands) that allow for visualization of normal lining & blood vascular patterns, without the need for or expense of spraying dye. It controlled by a convenient switch on the scope and this allows very close, high magnification examination including the depths of the post nasal fossa on its lateral extent.

Several recent studies have shown the usefulness of Narrow –Band Imaging in the detection of NPC. It is a useful adjunct in the differentiating normal nasopharyngeal mucosa and tissue from that of a malignancy.

If the scope is negative and there is till the possibility of NPC based on the patient’s family history, blood serology testing for the Epstein Bar Virus is also offered.

The Epstein - Barr virus (EBV) is a member of the herpes group and is associated with the infectious mononucleosis, Burkitt’s lymphoma, and NPC.

The antibody responses of NPC patents show a characteristic spectrum that differs from other EBV-associated conditions like Infectious Mononucleosis & Burkitt’s lymphoma. The most useful antibody markers in NPC are the IgA antibody to the viral capsid antigen (VCA) and the IgA antibody to the early antigen (EA) complex.

The IgA anti-EA is more specific but not as sensitive for the detection of NPC as the IgA anti-VCA antibody. Hence the use of the 2 test complements each other in the diagnosis of NPC.

There are especially useful for in screening for early, small or occult NPC.

Early detection will allow doctors to treat the problem as soon as possible and thus ensure curative success. ■



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