


Cancer of the Larynx




Specific Objectives:

- Define Ca larynx
 - Enlist the causes & risk factors
 - Enumerate the clinical manifestation
 - List out the diagnostic evaluation
 - Explain the management
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Definition

Cancer of the larynx is a malignant tumor in the larynx (voice box).



CAUSES



- It represents less than 1% of all cancers and occurs about four times more frequently in men than in women.
- And most commonly in persons 50 to 70 years of age.
- A malignant growth may occur in three different areas of the larynx:

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- The glottic area (vocal cords),
 - Supraglottic area (area above the glottis or vocal cords, including epiglottis and false cords),
 - And subglottis (area below the glottis or vocal cords to the cricoid).
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Risk Factors for Laryngeal Cancer


Carcinogens


- Tobacco (smoke, smokeless)
- Combined effects of alcohol and tobacco
- Asbestos
- Second-hand smoke
- Paint fumes
- Wood dust
- Cement dust


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- Chemicals
 - Tar products
 - Mustard gas
 - Leather and metals
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Other Factors

- Straining the voice
- Chronic laryngitis
- Nutritional deficiencies (riboflavin)
- History of alcohol abuse
- Familial predisposition
- Age (higher incidence after 60 years of age)
- Gender (more common in men)
- Race (more prevalent in African Americans)
- Weakened immune system

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- Hoarseness of more than 2 weeks' duration is noted early in the patient with cancer in the glottic area.
 - The voice may sound harsh, raspy, and lower in pitch.
 - The patient may complain of a cough or sore throat that does not go away.


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- A lump may be felt in the neck.
 - Pain and burning in the throat, especially when consuming hot liquids or citrus juices.
 - Later symptoms include dysphasia, dyspnea (difficulty breathing), unilateral nasal obstruction or discharge.
 - Persistent hoarseness, persistent ulceration, and foul breath.

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- Cervical lymph adenopathy, unplanned weight loss.
 - A general debilitated state, and pain radiating to the ear may occur with metastasis.




Assessment and Diagnostic Findings

- An initial assessment includes a complete history .
- And physical examination of the head and neck include assessment of risk factors, family history, and any underlying medical conditions.
- An indirect laryngoscopy, using a flexible endoscope.

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- Mobility of the vocal cords is assessed.
 - The lymph nodes of the neck and the thyroid gland are palpated to determine spread of the malignancy.
 - Computed tomography and magnetic resonance imaging(MRI).
 - Positron emission tomography (PET scan) may also be used.



Medical Management


- Treatment options include surgery, radiation therapy, and chemotherapy.
 - Chemotherapy traditionally has been used for recurrence or metastatic disease.
 - A complete dental examination is performed to rule out any oral disease.
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SURGICAL MANAGEMENT

- • Partial laryngectomy
- • Supraglottic laryngectomy
- • Hemilaryngectomy
- • Total laryngectomy

NURSING DIAGNOSIS


- • Anxiety and depression related to the diagnosis of cancer and impending surgery
- • Ineffective airway clearance related to excess mucus production secondary to surgical alterations in the airway

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- • Impaired verbal communication related to anatomic deficit secondary to removal of the larynx and to edema
 - • Imbalanced nutrition: less than body requirements, related to inability to ingest food secondary to swallowing difficulties
 - Deficient knowledge about the surgical procedure and postoperative course

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- Disturbed body image and low self-esteem secondary to major neck surgery, change in the structure and function of the larynx
 - • Self-care deficit related to pain, weakness, fatigue, musculoskeletal impairment related to surgical procedure and postoperative course

Nursing Interventions

- TEACHING THE PATIENT PREOPERATIVELY
- REDUCING ANXIETY AND DEPRESSION
- MAINTAINING A PATENT AIRWAY
- PROMOTING ALTERNATIVE COMMUNICATION METHODS

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- PROMOTING ADEQUATE NUTRITION
 - PROMOTING POSITIVE BODY IMAGE AND SELF-ESTEEM
 - MONITORING AND MANAGING POTENTIAL COMPLICATIONS
 - PROMOTING HOME AND COMMUNITY-BASED CARE



THANK YOU.