

中文摘要

主題：頭頸部癌症顧名思義泛指發生在頭頸部的惡性鱗狀上皮癌，範圍包括顏面、上唇、唾液腺、鼻腔及鼻竇、口腔、咽喉、甲狀腺等區域。咽部是肌肉管狀結構，連結鼻腔和口腔，主要的功能為當作氣體及食物的通道。

方法：依照解剖位置，咽部可以分為鼻咽(鼻腔後方)，口咽(口腔後方)及下咽(咽喉後方)，我們回溯研究國內外論文及本院存活率比較分析。

結果：本院鼻咽癌以同步化學治療及放射治療的2年存活率為第一期100%、第二期83.0%、第三期87.8%、第四期65.9%、全部鼻咽癌病例統計為80.7%，口咽癌治療原則以同步化學治療及放射治療優先，所有病例2年存活率為69.52%。下咽癌的同步化學治療及放射治療組，2年存活率及無病存活率為43.8%及49.4%，手術且術後合併化學治療及放射治療組2年存活率及無病存活率為49.4%及50.0%。

結論：頭頸部癌症的發生率、病理組織型態、危險致病因子等，都相當類似，但是在治療方針及治療效果上，這三種咽部癌症則不盡相同。

關鍵字：癌症、鼻咽、口咽、下咽

INTRODUCTION

Head and neck cancers consisted of a diverse group of malignancies that range from face, lip, salivary glands and sinuses to oral cavity, pharynx, larynx. Head and neck squamous cell carcinoma (HNSCC) is the sixth most prevalent neoplasm in the world, with approximately 900,000 cases diagnosed worldwide [1]. Prognosis has improved little in the past 30 years.

The pharyngeal pathways for food and air cross over in the pharynx, and the auditory canal opens into the upper part of the pharynx. Actually, the pharynx is divided into three different areas based on anatomical location: the nasopharynx (behind the nose), oropharynx (behind the mouth and above the epiglottitis), and the hypopharynx (behind the larynx) (Figure 1). The anatomic sites of the oropharynx include the tonsils, soft palate, base of the tongue and pharyngeal wall, and the anatomic sites of the hypopharynx includes the pyriform sinus, postcricoid and posterior pharyngeal wall.

In those HNSCC patients who have survived, multiple discomforts such as pain, disfigurement, dys-articulation and physical disability after treatment have had an enormous psychosocial impact on their lives. Consequently, in treating HNSCC, the effects of the management on functional outcome need most serious consideration. In assessing the success after therapy, consideration of both the survival and function are of paramount importance. For this reason, the treatment of HNSCC should be carried out in a multidisciplinary clinic. Surgery must define its role in the multidisciplinary treatment of advanced head and neck cancers, which currently often favors chemoradiotherapy protocols [2].

Recent reports have demonstrated the role of chemotherapy and radiation for organ preservation in locally advanced laryngeal and hypopharyngeal cancers, but surgical salvage must be planned for timeliness. Locoregional recurrences, distant metastasis, secondary primaries, and comorbidity remain the major causes of death, with 5-year overall survival in the range of 33-57% [2,3]. Therefore, the team of multidisciplinary doctors encounters challenges regarding which kind of management to consider, priority or salvage.

In the N0 neck, ¹⁸F-Fluorodeoxyglucose positron emission tomography (FDG-PET) scanning and sen-

*Corresponding author: Yi-Shing Leu M.D.

*通訊作者：呂宜興醫師

Tel: +886-2-25433535 ext.2208

Fax: +886-2-25433642

E-mail: lys@ms2.mmh.org.tw