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RESEARCH ARTICLE

HEAD AND NECK CANCERS IN BIHAR: AN INSTITUTIONAL STUDY

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Abstract

Aim: To study the epidemiology of Head & Neck cancers in Bihar in terms of patient profile, habit patterns, site-specific incidence and stage of disease. Materials & Method: The hospital records of 580 patients of Head & Neck Cancer registered at Mahavir Cancer Sansthan (MCS), Patna, India were retrospectively analyzed. The data was analysed in terms of patient's age & sex, tobacco habits, site and stage of the disease. Result- Head and Neck cancers were found to make 41% of all cancers in patients registered at MCS. Of all the Head Neck cancer patients, 77 % were males and 23 % were females. Most patients (56%) belonged to the age group -51- 70 years. 61 % of these cancers occurred in the oral cavity. 78 % of these were found to occur in people addicted to some form of tobacco consumption.

Key words: Cancer, Head & neck, tobacco

INTRODUCTION

Head and Neck cancers are the commonest cancers in India specially in the rural population. Bihar has a very high incidence of Head and Neck cancers. This high incidence is attributable to the widely prevalent habit of tobacco chewing in Bihar. The incidence is higher among males as compared to females. In the present study we have presented the epidemiologic profile of 580 Head Neck cancer patients presenting to Mahavir Cancer Sansthan , Patna during a six month period between January 2013 to June 2013.

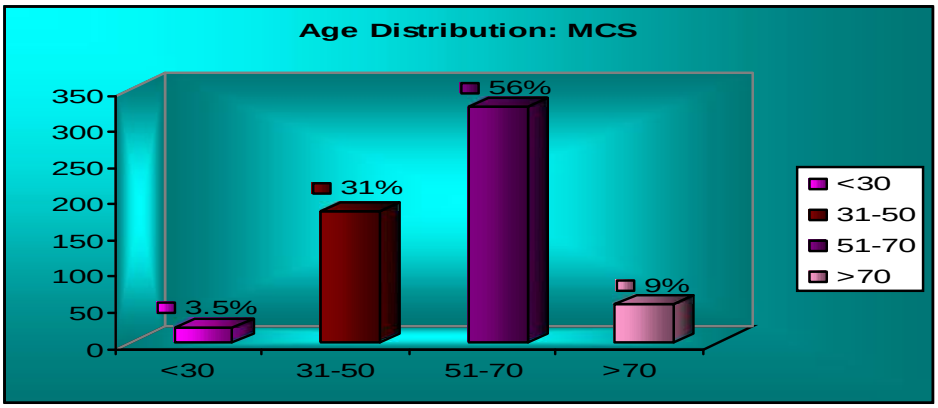
METHODS AND MATERIALS

Hospital records of 580 patients registered at Mahavir Cancer Sansthan between Jan 2013 to June 2014 were studied. The age distribution, gender distribution and site of disease were noted. Note was also made of the stage of disease and the treatment modality offered.

RESULTS

580 patients were included in the study. 447 (77%) were males and 133 (23%) were females. The majority of patients (56% 325 patients) were between 51 to 70 years of age.

Table-1 Age distribution

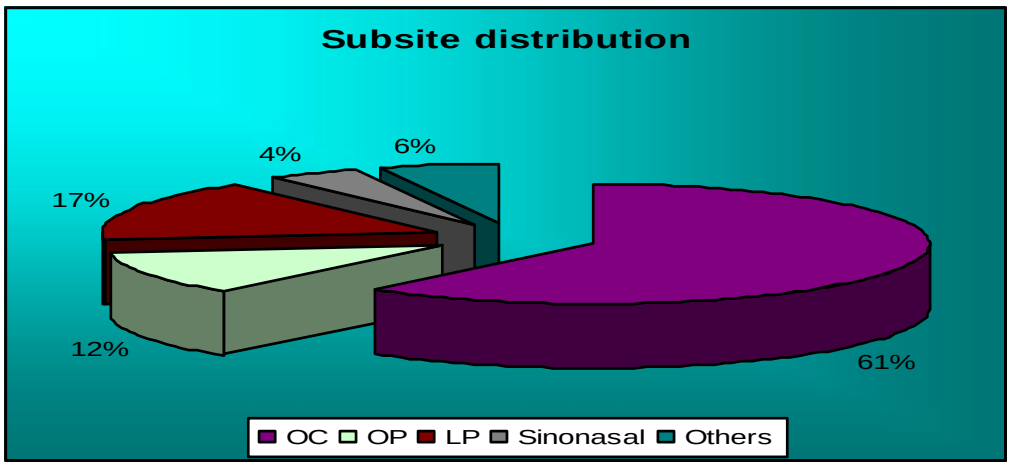


452 (78%) patients were addicted to tobacco in some form, whereas 128 patients (22%) had no history of tobacco consumption in any form. 357 patients were addicted to chewing tobacco in the form of keeping a quid in the mouth, 50 (11%)were smokers and 45(10%) were both chewers and smokers.

Subsite Distribution:

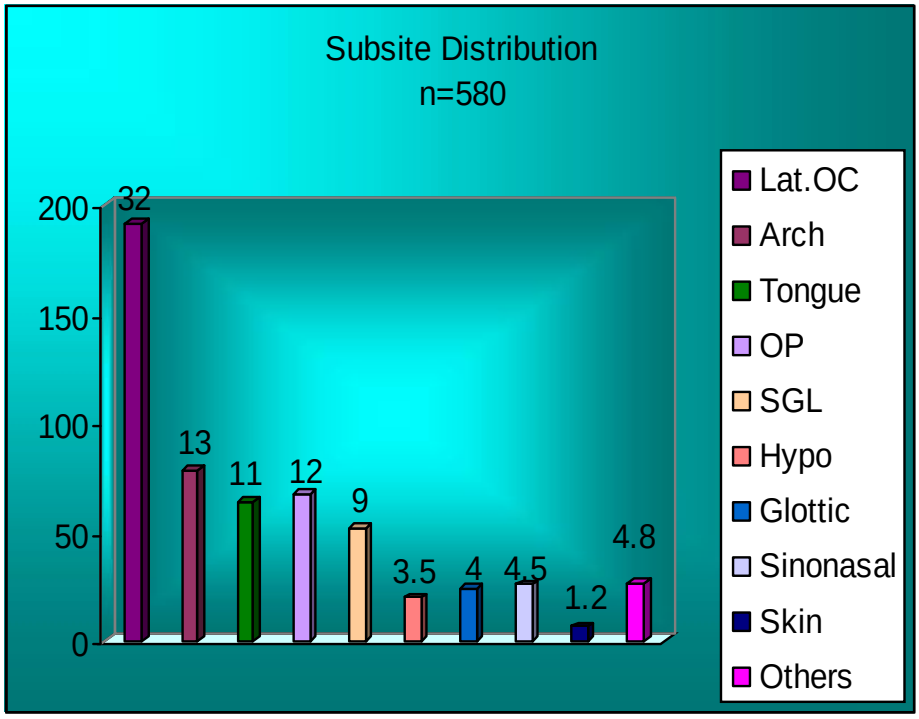
Of all head Neck Cancers, Oral cavity cancers were the commonest 354 (61%). Followed by larynx and pharynx (99 ,17%). 69 patients (12%) had oropharyngeal cancers, sinonasal were 23 (4%) and other cancers like thyroid, salivary glands and skin cancers comprised of the remaining 6%.

Figure 2 : Subsite distribution



Further detailed subsite distribution is being depicted in the following picture.

Figure 3 : Detailed Subsite distribution



DISCUSSION:

In India, head and neck cancers account for 30-40% cancers at all sites, out of which 9.4% being oral cancers. It is the sixth common cause of death in males and seventh in females[1]
In the gender distribution, male cases were far more common than female comprising of 447 males to 133 females, (3.3:1) This male: female ratio is higher than in other studies ranging. This could be attributed to the more prevalent habit of tobacco chewing in males.

The majority of patients were in the fifth and sixth decade of life. The lowest incidence was seen below the age of 30 years. This is in concurrence with the findings of various other observations.[2,3,4,5]
The findings of this study are indicative of a pertinent fact that Head & Neck cancers are quite common in this part of the country. The wide spread addition to tobacco, lack of awareness and accessibility to heath care are major concerns.
The increased incidence in males could be attributed to their more prevalent habit of tobacco, easy accessibility to tobacco products as well to health care services. Oral cavity was the most predominant area affected – again attributable to the widespread habit of tobacco chewing. Laryngeal and pharyngeal cancers followed this.
In oral cavity cancers, the most commonly affected subsite was lateral Oral cavity followed by the arches, tongue and oropharynx.

CONCLUSIONS:

This analysis quantified the spectrum of Head & Neck Cancers with respect to age, gender, site and subsites affected. The high percentage of Oral cavity cancers is alarming and calls for immediate attention to create anti- tobacco awareness as well as motivate the population for early cancer care.

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