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NASAL, EAR, NEUROLOGICAL SYMPTOMS AND COMPARATIVE EVALUATION OF METHODS FOR DIAGNOSING BENIGN TUMORS OF THE NASOPHARYNX

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Annotation: The diagnosis of benign tumors of the nasopharynx, despite the large number of research methods used for this purpose, currently remains a difficult problem. Long-term low-symptomatic course in the early stages of the disease, late attendance, low oncological alertness of general practitioners and otorhinolaryngologists are the main reasons for the late diagnosis of nasopharyngeal tumors.

Key words: symptoms, early diagnosis, tumors of the nasopharynx.

Purpose of the study: To study the clinic and conduct a comparative assessment of methods for diagnosing benign tumors of the nasopharynx, to evaluate each diagnostic method.

Materials and research methods. A total of 142 patients with benign tumors of the nasopharynx (BTNPh) were examined. The age of patients with BTNPh ranged from 14 to 32 years, the average age was 17.6 ± 4.6 years.

Research results. When examining patients, attention was paid to local clinical symptoms. A comparative analysis of methods for diagnosing benign tumors of the nasopharynx was carried out. Computed tomography data and magnetic resonance imaging of the nasopharynx in the patients we observed showed their high resolution in terms of determining the predominant side of the lesion of the entire lumen, the interest of the sphenoid sinus, ingrowth into the pterygo-mandibular fossa and the posterior parts of the nasal cavity.

Recognition, differential diagnosis and treatment of benign tumors of the nasopharynx almost always present certain difficulties, require a multidisciplinary approach and individualized therapy, taking into account the localization, volume, type and other characteristics of the tumor [3]. The nasopharynx, being the upper part of the pharynx, is a complex topographic and anatomical organ. Neoplasms arising in it are characterized by different morphological structure and histogenesis [4]. Many benign tumors are clinically similar to malignant ones. The literature data indicate a high probability of an aggressive course of benign neoplasms of the nasopharynx, and therefore their early diagnosis is of particular relevance [5].

The diagnosis of benign tumors of the nasopharynx, despite the large number of research methods used for this purpose, currently remains a difficult problem. Long-term low-symptomatic course in the early stages of the disease, late attendance, low oncological alertness of general practitioners and otorhinolaryngologists are the main reasons for the late diagnosis of nasopharyngeal tumors [5,6]. Most patients seek help in specialized institutions already with widespread lesions. At the same time, the feasibility and scope of a particular surgical intervention, as the most radical type of treatment, often depend on the prevalence of the tumor process, and that is why the refined diagnosis of these neoplasms is of particular importance [1,5].

Of course, it is undeniably important to focus on specific complaints and anamnesis for almost any tumor localization. However, these complaints, caused by one symptom or another of organ dysfunction, appear, firstly, when the tumor reaches a certain volume and, secondly, these manifestations may be due to non-oncological diseases. This indicates the importance of choosing certain diagnostic measures in relation to each individual tumor localization. The combination of subjective and objective signs makes it possible to suspect a neoplasm of the pharynx in most patients. In connection with the above, the development for practitioners of the shortest and most optimal clinical trial schemes for diagnosis and targeted referral to a specialist would significantly reduce the time from the first visit to the start of special treatment [2].

Purpose of the study. To study the clinic and conduct a comparative assessment of methods for diagnosing benign tumors of the nasopharynx, to evaluate each diagnostic method.

Material and research methods. A total of 142 patients with benign tumors of the nasopharynx (BTNPh) were examined. The age of patients with BTNPh ranged from 14 to 32 years, the average age was 17.6 ± 4.6 years. According to the histological structure, angiofibroma was detected in the vast majority of cases (114-80.3%). Of the other tumors, papilloma was detected in 17 (11.9%) cases and fibromas in 11 (7.8%) cases.

In 12% of patients, the correct diagnosis was established during the initial visit to the doctor; in other cases, sinusitis, eustacheitis, chronic purulent otitis media were diagnosed and treatment corresponding to this “diagnosis” was carried out.

The average time from the onset of the first symptoms that disturbed patients to seeking medical help was 5.5±1.8 months, and to hospitalization in the ENT hospital - 7.4±2.4 months.

The nasopharynx extends from the vault of the pharynx to the level of the hard palate. Its anterior wall is occupied by choanae connecting it to the nasal cavity. The lateral walls of the nasopharynx are formed by the medial plates of the pterygoid processes of the sphenoid bone. Pharyngeal openings of the auditory tubes are located on these side walls, connecting the nasopharyngeal cavity with the middle ear [4].

In connection with the anatomical and topographic features of the structure of the nasopharynx, the clinical symptoms of neoplasms of the nasopharynx can be divided into 2 groups (Table 1):

I group. Symptoms similar to the pathological processes of the nasal cavity and paranasal sinuses (nasal symptoms).

II group. Symptoms characteristic of the pathology of adjacent organs [4].

Results and its discussion. Analyzing the clinical symptoms, it should be noted that the earliest manifestation of the disease was the feeling of a foreign body. This symptom was noted for a certain time before going to the doctor in 78 (54.9%) patients. This symptom can be explained by the fact that the mucus flowing from the nasal cavity into the nasopharynx lingers on the rough surface of even a very small tumor, does not go away easily, and patients have a sensation of a foreign body in the nasopharynx (the depth of the nose).

As symptoms increased, nasal breathing was observed in 94 (66.1%) patients. Nasal discharge was observed in 118 (83%) patients.

Table 1. Clinical symptoms of benign tumors of the nasopharynx

Clinical symptoms	Absolute number	%
I. Nasal symptoms		
nasal discharge	**118**	**83**
bloody	*39*	*27,5*
purulent	*32*	*22,5*
sacrosanct	*47*	*33*
difficulty in nasal breathing	**94**	**66,1**
unilateral	*34*	*23,9*
bilateral	*60*	*42,2*
feeling of a foreign body in the nasopharynx	78	54,9
closed nasality	17	11,9
II. Symptoms characteristic of the pathology of adjacent organs		
headache	**77**	**54,2**
hearing loss	**51**	**35,9**
unilateral	*38*	*26,7*
bilateral	*13*	*9,1*
noise in the ear	37	26,0
congestion in the ear	17	11,9
purulent discharge from the ear	13	9,1
bloody discharge from the ear	9	6,3

With the defeat of the mouth of the auditory tube, ear symptoms occur - tinnitus, congestion and hearing loss at low frequencies.

One of the relatively simple methods for assessing the condition of the nasopharynx, which can be used by an ENT doctor in a general medical network, is a digital examination. This research method allows you to tactilely assess the condition of all the walls of the nasopharynx, note the presence of education, its original location, consistency, mobility, prevalence and bleeding. In the conditions of an ordinary clinic, this method is simple, accessible and informative enough as a starting point for further research.

In order to visually assess the state of the nasopharynx, the nature of the pathological process, fibroendoscopy (FES) was used in 142 cases. During fibroendoscopic examination, it was possible to examine in detail the area of tumor spread in the nasopharynx. In 4 patients not included in the development, with a referral diagnosis of a neoplasm of the pharynx after endoscopic examination, the diagnosis was excluded. In 98 patients (69%), the tumor filled the entire lumen of the nasopharynx, in 32 (22.5%) patients it occupied the dome and side wall with partial extension to the posterior wall, in 12 (8.5%) the tumor passed from the side wall to the corresponding choana and soft sky.

FES of the nasopharynx solves a number of serious problems: the presence or absence of a pathological process; allows you to consider small in terms of education; assess the form of tumor growth; initial localization of the volumetric process and distribution to various elements of the nasopharynx; identify the presence of ulceration and other parameters. Thus, in FES, when examining the nasopharynx, in terms of its resolution, from our point of view, it has no alternative and should be one of the leading methods if a neoplasm of this localization is suspected.

X-ray method of research in tumors of the nasopharynx is widely used. CT and MRI tomography performed in 108 and 34 patients, respectively, turned out to be the most informative diagnostic methods for studying benign tumors of the nose and paranasal sinuses, regardless of their histological structure and stage of development. In 14 patients, these two methods were performed simultaneously, which made it possible to determine the stage of the disease to the finest details and develop a plan for the upcoming operation. It should be noted that in case of tumors of bones and cartilage, visualization on CT was higher than on magnetic resonance imaging. In such cases, we choose CT as the “gold standard” method. CT data and magnetic resonance imaging of the nasopharynx in the patients we observed showed their high resolution in terms of determining the predominant side of the lesion of the entire lumen, the interest of the sphenoid sinus, ingrowth into the pterygo-mandibular fossa and the posterior sections of the nasal cavity.

Our observations confirm the opinion about the complexity of diagnosing NPh tumors. Doctors to whom patients first turn should take measures to improve the early diagnosis of NPh tumors. Mandatory performance of all recommended diagnostic manipulations will make it possible to identify lesions of the nasopharynx in the early stages of the tumor process and ensure high results in subsequent treatment.

Conclusions. Thus, an integrated approach to the examination of patients allows obtaining complete information about the location, configuration, size, prevalence and nature of the tumor and correctly planning treatment, choosing the optimal access to the tumor and the amount of surgical intervention:

1. The main early ENT symptoms of BTNPh are the feeling of a foreign body in the nasopharynx, discomfort during nasal breathing, as well as symptoms of prolonged tubo-otitis.
2. Fibroendoscopic examination is the best method for detecting early forms of benign neoplasms of the nasopharynx and the initial place of their growth.
3. Of the X-ray methods of research, the possibilities of computed tomography are an order of magnitude higher compared to conventional radiation methods, since it allows you to determine not only the exophytic part of the tumor, but also its endophytic spread to the surrounding tissues and the base of the skull.
4. The studied methods for studying tumors of the nasopharynx have different information, and only a comprehensive examination of patients, especially when combined, can improve the accuracy and reliability of diagnosis.

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