



Current Views on the Problem of Diagnosing Tumor-Like and Tumor-Like Lesions of the Larynx

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ABSTRACT

One of the tasks of modern medicine is not only treatment of malignant neoplasms (MN), but also their prevention, the possibility of early detection and prevention, which ultimately allows timely and effective treatment with preservation of patient's quality of life. Despite the perfection of modern technologies and search of effective methods of early diagnostics, detection and determination of background diseases of larynx presents certain difficulties [2,9].

Keywords:

malignant neoplasms, larynx, ENT organs

Introduction. The development and introduction of highly informative and technological imaging systems, as well as modern diagnostic test systems have not allowed to achieve effective detection of early stages of laryngeal disease, as the diagnosis of tumors presents certain difficulties due to existing anatomical and morphological features, which makes it possible to differentiate the disease only at late stages, in which the effectiveness of treatment decreases dramatically, and the prognosis for the patient becomes unfavorable [5].

According to the literature [1,3,5,] the diagnosis of patients with ENT diseases of advanced stages is 79-84%, it should be noted that most patients are diagnosed at III-IV stages of the process. It should be noted that among head and neck organs the larynx, pharynx and oropharynx are affected most frequently by MN, other multiple organs - relatively less often. Difficulties of early diagnostics of tumorous and pre-tumorous diseases are caused primarily by

- similarity of initial clinical signs of benign and inflammatory diseases of ENT organs with MN (according to morphological

signs - appearance; macroscopic picture - at the initial stage it is difficult to differentiate);

- Lack of oncological awareness among primary care physicians, as well as lack of coordination in the work of physicians of related specialties related to head and neck diseases (ophthalmologists, dentists, ENT doctors, endocrinologists, neurologists, etc.);

- lack of clear diagnostic algorithms or failure to comply with them, which leads to long observation, trial therapy, respectively inadequate diagnosis and treatment (anti-inflammatory, physical therapy, general strengthening, vitamin therapy), which only contribute to the progression of the disease.

- Lack of continuity between specialists;
- low level or complete absence of medical examination and preventive work, professional examinations.

Based on the numerous problems of early diagnosis of laryngeal tumor diseases, the search for methods of their solution is an urgent task in otolaryngology and clinical oncology [3,4,10].

The treatment and prevention of malignant tumors occupy a special place among the

priority tasks facing medical science. Progress in this field is significant, but so far the problems of early diagnosis and effective treatment of cancer, including laryngeal cancer (LC), cannot be solved. According to the figurative expression of Prof. D.I. Zimont, "through the whole history of development of methods of treatment of laryngeal cancer there runs a red thread of striving to reconcile hard-to-agree provisions: necessity of radical surgery and possibility to save this organ". [6]. Laryngeal malignancies are one of the most complicated problems of modern oncology. Difficulties of diagnostics, often unfavorable prognosis in locally spread lesions cause a whole complex of social, psychological and deontological aspects. Progress in the fight against malignant neoplasms achieved in a number of developed countries is primarily due to the increase in public awareness of early symptoms of cancer, general advances in medical practice, including the provision of highly specialized care and the implementation of screening programs [7,8]. A large number of works are devoted to various aspects of RG, which are important for specialists dealing with ENT oncology. Nevertheless, in 70% of cases malignant tumors of this localization are detected at III-IV stages of the disease, which undoubtedly affects the effectiveness of treatment. In this category of patients the combined method of treatment is used most often, allowing to receive a positive result in 74 % of patients [2].

Epidemiology

WP still leads in the structure of malignant neoplasms of the head and neck and accounts for 1 to 7% of all human malignant neoplasms [2].

The prevalence of WP in Russia in 2014 was 30.1 per 100 thousand people. Among patients with a first-time diagnosis, it was morphologically confirmed in 95.0% of cases; stages I-II were observed in 36.5% of cases; stage III - in 43.2% and stage IV (advanced tumor process) - in 18.7% of cases; 7.3% of such patients were actively detected [3]. Lethality of patients within a year from the moment of diagnosis (from the number of

patients registered for the first time in the previous year).

International morphological classification of laryngeal tumors

The variety of tumors arising in the larynx is presented in the International Histological Classification.

I. Epithelial tumors.

A. Benign:

- 1) squamous cell papilloma (papillomatosis);
- 2) oxyphilic adenoma (oncocyoma);
- 3) others.

B. Malignant:

- 1) carcinoma in situ (intraepithelial cancer);
- 2) squamous cell carcinoma:
 - verrucous (squamous cell carcinoma),
 - spindle cell carcinoma (squamous cell carcinoma);
- 3) adenocarcinoma;
- 4) adenocystic carcinoma;
- 5) carcinoid;
- 6) undifferentiated cancer;
- 7) others.

II. Soft tissue tumors. A. Benign:

- 1) lipoma;
- 2) hemangioma;;
- 3) leiomyoma;;
- 4) rhabdomyoma;
- 5) granulocellular tumors;
- 6) neurofibroma;
- 7) neurilemmoma (schwannoma);
- 8) paraganglioma (chemodectoma);
- 9) others.

B. Malignant:

- 1) fibrosarcoma;
- 2) rhabdomyosarcoma;
- 3) angiosarcoma;
- 4) Kaposi's sarcoma;
- 5) others.

III. Tumors of bone and cartilage tissue. A. Benign:

- 1) chondroma;
- 2) others.

B. Malignant:

- 1) chondrosarcoma;
- 2) others.

IV. Tumors of lymphoid and hematopoietic tissue.

V. Tumors of mixed genesis.

VI. Secondary tumors.

VII. Tumor-like conditions:

- 1) pseudoepithelial hyperplasia;
- 2) epithelial abnormalities (keratosis-hyperplasia or keratosis without atypia);
- 3) dysplasia (keratosis with atypia);
- 4) oncocytic metaplasia and hyperplasia;
- 5) cysts;
- 6) intubation granuloma, or "contact" ulcer;
- 7) Vocal fold polyps (fibrous, vascular, hyalinized, myxoid);
- 8) amyloid deposits;
- 9) infectious granuloma;
- 10) plasma cell granuloma;
- 11) Stewart's granuloma;
- 12) Wegener's granuloma;
- 13) osteochondroplastic tracheopathy.

International clinical classification of laryngeal cancer TNM

The prevalence of the tumor process is determined according to the TNM International Clinical Classification of the larynx (2011, 7th edition), where anatomico-topographic features of the larynx, its sections and anatomical parts are presented [4].

Classification rules. The classification is applied to carcinomas, and histologic confirmation of the neoplasm is required.

The following methods are used in evaluating categories T, N, and M:

Category T: physical examination, laryngoscopy, and radiological methods of examination;

Category N: physical examination and radiological methods of investigation;

Category M: physical examination and radiological methods of investigation.

Anatomical areas and divisions

I. Suprasopharyngeal region (C32.1):

- 1) part of the epiglottis above the hyoid bone, including the apex, lingual (anterior) (C10.1) and laryngeal surfaces;
- 2) the ligament of the laryngeal ligament on the laryngeal side;
- 3) the scapulomandibular cartilage;
- 4) part of epiglottis below hyoid bone;
- 5) folds of the vestibule (false ligaments).

II. Vocal cleft (ligamentous area) (C32.0):

- 1) vocal cords;
- 2) anterior commissure;
- 3) posterior commissure.

III. Subligamentous part (C32.2).

Regional lymph nodes (LN). The regional lymph nodes are the lymph nodes of the neck.

Clinical classification of TNM

The modern classification includes various precancerous diseases with high and low frequency of malignant changes.

Thus, diseases with high frequency should include:

- Leukoplakia;
- papilloma;
- pachydermia.

With low frequency:

- contact fibroma;
- Scarring processes after the transferred chronic specific infectious diseases (syphilis, tuberculosis) and burns.

Precancerous diseases develop over a period of 10 to 20 years, and with cancer this period is reduced to 2-4 years.

One of the main reasons for late recognition of laryngeal cancer (LC) is erroneous diagnostic tactics. Thus, during the examination of patients with ENT organs, a clear sequence of actions should be observed, regardless of the presence or absence of complaints of ENT organs. It is necessary to perform their thorough examination with palpation of the neck for additional neoplasms or lymph nodes, metastases. Indirect laryngoscopy and nasopharyngeal examination are mandatory. Particular attention should be paid to their performance in children and adolescents, if epipharyngoscopy is not possible, obligatory finger examination is necessary. Methods of radiological imaging - CT or MRI examinations, ultrasound, as well as endoscopy methods - are of great help in differentiated diagnosis of malignant and benign processes [11,12,13].

In early diagnosis of laryngeal lesions, special attention should be paid to laryngoscopy. A thorough, sequential examination with examination of the tongue root, epiglottis, and vestibulo-vesopharyngeal vocal folds should be performed. Laryngoscopy allows you to determine the presence of tumors, even with its small size, to identify

lesions of the vocal cords, muscles, which quickly appear with endophytic growth.

In order to detect precancerous diseases indirect and direct microlaryngoscopy is used, which allows to detect endophytic tumor components, vascular architectonics stresses, epithelium thickening, hemorrhages and microinvasions [4,7,9].

The conducting of clinical examination requires increased attention and registration of patients with laryngeal papillomatosis, chronic laryngitis, especially with the hyperplastic form, leukoplakia, recurrent polyposis of the nose and sinuses and other benign neoplasms of ENT organs, i.e. Patients with these pathologies must necessarily be registered and monitored, examined once every 6 months, and in case of suspicion or emerging changes be referred to an ENT oncologist or to specialized institutions for clarification and final verification of the disease.

Conclusions: Thus, the main clinical manifestations of malignant tumors of the larynx are persistent hoarseness of the voice, sensation of a foreign body in the throat, and pain when swallowing. Growth of the mass is accompanied by symptoms common to all localizations of laryngeal cancer, such as cough, hoarseness of voice, choking, hemoptysis, bad breath, pain radiating unilaterally to the ear, and laryngeal stenosis. Metastasis to distant organs is relatively rare (1-7% of cases) and occurs hematogenously, more often in the presence of disseminated RH.

List of references:

1. Kryukov A.I., Kunelskaya N.L., Romanenko S.G., et al. "Therapy of inflammatory diseases of the larynx"-2013-#2-p.38-41;
2. Egorov V.I., Najmudinov I.I., Romanenko S.G. Benign and precancerous diseases of the larynx // Clinical recommendations. Moscow - 2016 - p.31
3. Volgin V.N. Topical issues of treatment of cancer of ENT-organ / V.N. Volgin, E.F. Stranadko, R.V. Kagoyants // Russian Medical News. - 2015. - T. 20. - № 1. - C. 20-27.
4. Gorban, N.A. Prognostic criteria for the course of squamous cell laryngeal cancer (review of the literature) / N.A. Gorban, V.V. Popuchiev V.V. Baryshev // Head and neck tumors. - 2013. - № 1. - C. 33-38.
5. Kaprin A.D., V.V. Malignant neoplasms in Russia in 2013 (morbidity and mortality). Starinsky, G.V. Petrova. - Moscow: P.A. Herzen Moscow Scientific Research Institute - Branch of Herzen Federal Medical and Biological Center, Ministry of Health of Russia, 2015. - 250 c.
6. Luzhetsky V.A. Methodology of formation of groups of increased risk of laryngeal cancer among the population of the Bryansk region / V.A. Luzhetsky, I.I. Dubovoy, L.I. Pugach, et al. // Social aspects of population health. - 2014. - T. 40. - № 6. - C. 4.
7. Romanenko S.G. "Acute and Chronic Laryngitis," Otorhinolaryngology. National manual. Short edition / ed. by V.T. Palchun. -M.-:GEOTAR-Media, 2012 -P. 541-547.
8. Kryukov AI, Kunelskaya NL, Kirasirova EA, et al. Acute laryngitis, diagnosis and treatment. Clinical guidelines. M., 2014: 4-14.
9. Kamanin E.I., Stetsyuk O.U. Infections of the upper respiratory tract and ENT organs. Practical guidelines for anti-infective chemotherapy /Edited by Strachunsky МАКМАН, 2007, pp. 248-258.
10. Kamalova M., Khaidarov N., Shomurodov K. Microscopic examination of brain tissue in hemorrhagic stroke in uzbekistan //Матеріали конференцій МЦНД. – 2021.
11. Kamalova, M., Ismatova, S., Kayumova, S., Gulomova, S., & Akhmedova, J. (2021). Blood supply to the shoulder and forearm muscles in the human foetus.Збірник наукових праць ЛОГОС.
12. Khaidarov Nodir Kadyrovich, Shomurodov Kahramon Erkinovich,

- &Kamalova Malika Ilhomovna. (2021). Microscopic Examination Of Postcapillary Cerebral Venues In Hemorrhagic Stroke. The American Journal of Medical Sciences and Pharmaceutical Research, 3(08), 69-73
13. Samieva G.U. // Disbiotic disorders of the upper airways in children with acute stenotic laryngotracheitis // medical news-2015 P.70-72.
14. Samieva G.U. // Modern methods of treatment of acute stenotic laryngotracheitis in children // The young scientist -2014. № 11 P.149-151.
15. Samieva GU, Karabaev H. The influence of endogenous intoxication on the clinical course of various forms of acute stenotic laryngotracheitis in children // Bulletin of Otorhinolaryngology. - 2016. - T. 81. - №. 1. - C. 37-39.