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Clinical Characteristics of Vascular Tumors of ENT Organs

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Abstract: The specificity of vascular tumors of the ENT organs is of scientific and practical interest and requires close study. The number of patients with this pathology is increasing, early diagnosis of the disease is difficult, while helping patients with widespread hemangiomas is ineffective.

Key words: vascular tumors, hemangiomas, ENT organs, localization, age

Introduction

ENT (ear, nose, throat) cancers are also known as head and neck cancers. They are a group of cancers that affect the soft tissue organs in the head and neck region. The National Registry of Diseases Office states that nasopharyngeal cancer (nose cancer), thyroid cancer, and lymphoid cancer (which often occurs in the neck) rank in the 10 most common cancers in Singapore. Nose cancer is more common in men, thyroid cancer is more common in women, and lymphoid cancers occur in both genders. There is about a 1 in 100 chance of developing one of these cancers by the age of 75.

Purpose. To carry out a comparative analysis and give a clinical characterization of vascular tumors of the ENT organs.

Research material. The work is based on the results of examination of 150 patients with vascular tumors of the ENT organs.

Results. A comparative analysis of the conducted studies showed that within the ENT organs, hemangiomas are most often found in the ear region, in second place is the external nose and its cavity. Capillary and glomus hemangiomas predominate among these tumors.

Conclusions. Passive observation of the patient with reference to slow growth, the so-called "dynamic" observation of the tumor is not justified, unreasonable and inappropriate, since hemangiomas have a steady destructive growth. If a vascular tumor of the upper respiratory tract is suspected, the patient should be referred to a specialized department to clarify the diagnosis and develop treatment tactics.

Relevance. The specificity of vascular tumors of the ENT organs is of scientific and practical interest and requires close study. Vascular tumors account for 1 to 7% of all benign human neoplasms. From 60 to 80% of these tumors are localized on the face. 20-30% of vascular tumors develop in people of working age. The peak incidence of hemangiomas occurs at the age from 30 to 60 years [1,2,3].

Despite the fact that in most cases vascular tumors are benign in their histological structure, in the clinical course they are often close to malignant, since they have destructive growth, do not always have clear boundaries, their stroma ulcerates, and ulceration leads to profuse , often recurring, life-threatening bleeding [3,4,5].

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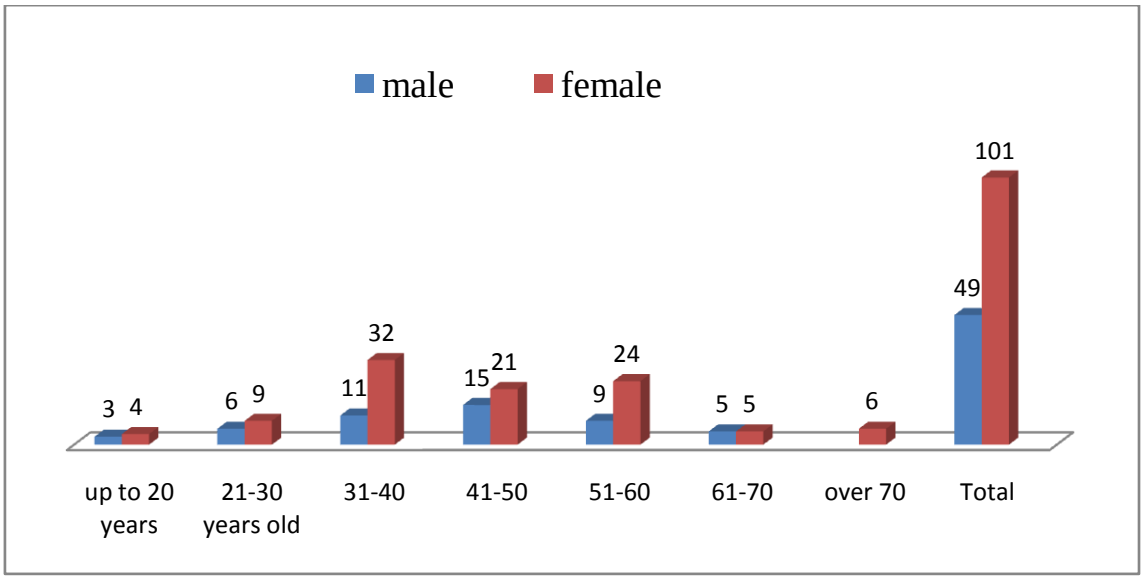
The number of patients with this pathology is increasing, early diagnosis of the disease is difficult, while helping patients with widespread hemangiomas is ineffective.

Goal. Conduct a comparative analysis and give clinical characteristics of vascular tumors of the ENT organs.

Material and research methods. The object of our study was 150 patients with vascular tumors of the ENT organs: 49 males and 101 females. The distribution of patients by age and sex is presented in diagram 1.

Diagram No. 1 Distribution of patients by age and gender



The number of female patients is twice the number of male patients. There were only 7 patients under the age of 20. Approximately the same number of patients over 70 years old. There were no males among the patients over 70 years old. Most of the patients were between the ages of 30 and 60 (112 people).

Vascular tumors develop slowly. As a rule, the first symptoms are detected long before the patient seeks medical help. According to the literature, signs of vascular tumors appear in early childhood or are congenital. Most of our patients were in adulthood, but one must take into account the fact that many of them knew about the existence of a tumor for a long time, were treated and were under the supervision of doctors. In 125 out of 150 patients, we managed to establish the timing of the appearance of the first reliable signs of the disease. Based on these data, we built a table similar to the first one, and we were convinced that in many cases the tumor appeared long before the diagnosis was made, and the period from the onset of the first symptoms of the disease to hospitalization turned out to be even longer. The distribution of patients by age and sex, depending on the appearance of the first reliable signs of the disease, is presented in Diagram 2.

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Diagram # 2. Distribution of patients by age and gender depending on the time of the first signs of the disease

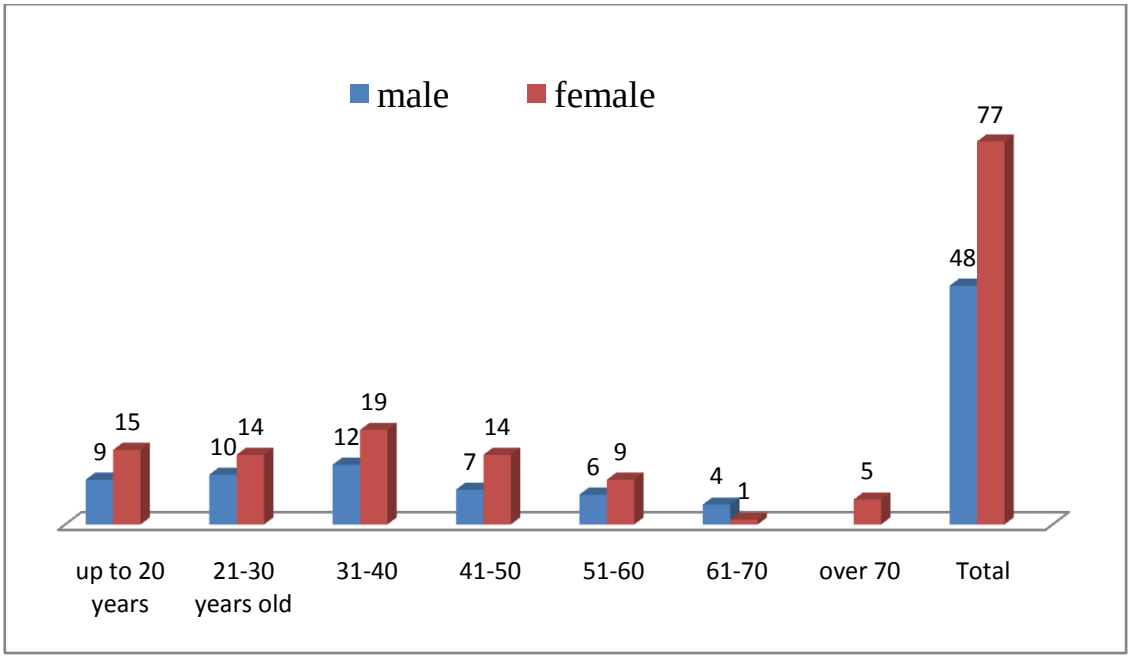

Chart 2 differs significantly from the data of chart 1. The first is compiled taking into account the age of admission of patients to the clinic, and the second - taking into account the age of the first signs of the disease. Despite the fact that the difference between the groups is ten years, and in a number of patients it took less than 10 years from the first signs of the disease to admission to the clinic, the difference in the data given in the diagrams is noticeable. Most of the patients got sick at a young age. It is necessary to take into account the fact that with a number of localizations of vascular tumors, the latter can develop for a long time (possibly years) without any manifestations. In 15 patients, the tumor was revealed by chance during routine examinations or when visiting a doctor for another disease. All of them were under observation for some time (from 1 to 5 years). They were sent to the clinic after making sure that the tumor was growing and growing. It can be assumed that the tumor could have existed in these patients from early childhood.

Results. Multiple hemangiomas of the skin of the face, auricle, external auditory canal, pharynx and lower lip were detected in 11 cases. In 8 of them, hemangiomas were congenital. It is possible that the remaining 3 patients had hemangiomas since childhood, but they were detected by chance already at a later age.

Of particular interest is the distribution of patients by age, depending on the histological structure of the neoplasm. This information is presented in table 1.

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Table # 1. Distribution of patients by age depending on the histological structure of the vascular tumor

Vascular tumor		Age in years							Total
		up to 20	21-30	31-40	41-50	51-60	61-70	over 70	
Benign	Capillary hemangioma	-	3	6	12	13	2	1	37
		1	3	9	11	10	2	1	
	Glomus angioma	1	4	9	10	9	-	1	34
		8	4	12	7	2	-	1	
	Branching hemangioma (arterial and venous)	2	1	1	-	1	-	1	5
		2	1	1	-	1	-	-	
	Cavernous hemangioma	1	1	-	2	-	-	-	4
		3	1	-	-	-	-	-	
	Sclerosing hemangioma	-	-	1	-	1	-	-	2
		-	1	-	-	1	-	-	
	Lymphangioma	-	-	-	1	-	-	-	1
		-	-	-	1	-	-	-	
	Angioleiomyoma	-	-	-	-	-	1	-	1
		-	-	-	-	-	1	-	
	Hemangioma (without detailing the histological structure)	-	3	4	-	-	-	-	7
		1	4	2	-	-	-	-	
	Fibroangioma	1	1	2	1	-	1	1	7
		1	3	2	-	-	-	1	
Malignant	Hemangio - pericytoma	-	-	-	1	-	-	-	1
		-	-	-	-	-	1	-	
	Hemangioen-dotelioma	-	-	-	-	-	1	-	1
		-	-	-	-	-	1	-	
Total		5	13	23	27	34	5	3	100
		16	17	26	20	14	4	3	

In table 1, age groups are defined on two grounds. In the upper column, the age is taken into account at the time of the patient's admission to the clinic, and in
lower - on the first signs of the appearance of a vascular tumor. Comparison of these graphs makes it possible, to some extent, to determine the difficulties of diagnosis and the duration of tumor development, as well as the age at which it appears. The data of these graphs, or rather their difference, is also influenced by the primary localization of the neoplasm. So, for example, a hemangioma of the auricle can

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be noticed immediately, and the same tumor of the tympanic cavity develops almost asymptomatically for a long time, or its first signs are interpreted incorrectly.

Discussion. Based on the data in Table 1, we come to the conclusion that capillary hemangioma is most often found within the ENT organs. It was detected in (37) of our patients, which accounted for 37% of the total number of observations (100), in which the histological structure of the neoplasm was established.

It should be emphasized that for a number of reasons, the histological structure of the tumor was not determined at all in 50 patients. No biopsy was taken. Most of them (38) did not undergo surgery and biopsy was not taken because of the risk of bleeding. Their tumor was localized on the soft palate (6), the lateral wall of the oropharynx and hypopharynx (18), larynx and hypopharynx (14). All these patients underwent cryodestruction of the neoplasm. Clinically, these observations revealed diffuse cavernous (36) and branched arterial type (2) hemangiomas.

The second most frequent is glomus angioma. This tumor was detected in 34 patients, which accounted for 34% of the total number of observations. Fibroangioma is rare. It was found in 7 patients. Branched hemangiomas are rare vascular tumors of the ENT organs. In 3 cases arterial, and in 2 - venous branched hemangioma was noted.

It is extremely rare that sclerosing hemangioma develops within the ENT organs. The tumor was detected in only 2 cases. In the same number of observations, immature vascular tumors (malignant) were identified.

In several cases, histologists limited themselves to stating the diagnosis, noting that a tumor with a hemangioma structure was identified in the material sent for research, without detailing its histological structure. Among our observations, lymphangioma and angioleiomyoma were met once.

Some relationship between the primary localization of the neoplasm and its histological structure was traced. So, for example, glomus - angioma was localized mainly in the ear region, cavernous hemangioma in the larynx and laryngopharynx, and capillary - in the nasal cavity, on its septum. The distribution of patients depending on the primary localization of the tumor and its histological structure is shown in Table 2..

Table No. 2 Distribution of patients depending on the histological structure of the tumor and its initial localization

The histological structure of the tumor	Initial localization														
	ear			nose			pharynx			parts of the larynx			adjacent areas	unspecified	Total
	Auricle	external auditory canal	middle ear	external nose	partition	side wall of the nose	noso -	roto -	larynx -	upper	average	lower			
Capillary hemangioma	5	6	2	4	15	2	1	-	-	-	2	-	-	-	37
Glomusangioma	-	3	31	-	-	-	-	-	-	-	-	-	-	-	34

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Branched hemangioma	2	-	-	-	-	-	-	1	-	-	-	-	-	2	5
Fibroangioma	1	-	-	1	-	2	2	-	-	-	1	-	-	-	7
Cavernous hemangioma	-	-	-	-	-	-	-	2	1	-	-	-	-	1	4
Sclerosing hemangioma	-	-	-	-	-	1	-	1	-	-	-	-	-	-	2
Angioleiomyoma	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Lymphangioma	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1
Hemangioma (without detailing the histological structure)	-	-	1	-	-	1	-	1	1	-	1	-	-	2	7
Hemangiopericytoma	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1
Hemangioendothelioma	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Biopsy was not performed	-	-	-	-	-	-	-	-	-	5	2	6	12	25	50
Total	8	10	34	6	15	6	3	7	2	5	6	6	12	30	150
Total	52			27			12			17			12	30	150

Based on the data of the anamnesis and examination, the initial localization of the vascular tumor was determined in 120 patients. In 52 cases, the tumor originated from the outer or middle ear, in 27 - from the nose, in the pharynx, the neoplasm was localized in 12 patients. In 18 cases, the initial tumor localization was the larynx. In 12 patients, the tumor originated from adjacent areas. So, on the scooplaryngeal fold (the upper larynx and the medial wall of the piriform sinus), the tumor was localized in 5 patients, in one - in the intercranial region and the cricoid space, on the posterior surface of the auricle with a transition to the maxillary fossa - in 2. The column adjacent areas included 4 more observations of hemangiomas with localization at the lower pole of the amygdala 2 of the adjacent part of the tongue root.

In 25 cases, the tumor was so widespread, and the anamnesis was unclear, that it was impossible to determine its initial localization. It is even more difficult to determine the initial localization of the tumor that occupies the deep structures of the facial skull (nasal cavity, paranasal sinuses, hard palate; ear and parotid regions, maxillary fossa).

Conclusion. A comparative analysis of the conducted studies showed that within the ENT organs, hemangiomas are most often found in the ear region, in second place is the external nose and its cavity. Capillary and glomus hemangiomas predominate among these tumors.

Passive observation of the patient with reference to slow growth, the so-called "dynamic" observation of the tumor is not justified, unreasonable and inappropriate, since hemangiomas have a

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steady destructive growth. If a vascular tumor of the upper respiratory tract is suspected, the patient should be referred to a specialized department to clarify the diagnosis and develop treatment tactics.

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