DOI:

PRINCIPI LEČENJA ORALNOG KARCINOMA

PRINCIPLES OF ORAL CARCINOMA TREATMENT

Ružica Kozomara
Klinika za maksilofacijalnu hirurgiju VMA, Medicinski fakultet Univerziteta Odbrane u Beogradu

SAŽETAK

Karcinom iglaveivrata cine oko 6% svih tumora i predstavljaju heterogenu grupu tumora različite učestalosti u odnosu na primrnu lokalizaciju, možda različite biologije, etiologije pa i uspešnosti lečenja. Oko 90% svih malignih tumora glave i vrata čini planocelularni karcinom. Oralni karcinom (OPCC) čini oko 3% svih karcinoma registrovanih kod muškaraca, i nešto manje od 2% svih karcinoma kod žena. Učestalost se značajno povećava sa starošću a varira i u zavisnosti od geografskog područja. Etiologija oralnog karcinoma nije u potpunosti poznata smatra se da više faktora ima određeni uticaj na nastanak ove bolesti. To su poznati faktori rizika (pušenje i konzumiranje žestokih alkoholnih pića i loša oralna higijena). Poseban uticaj za nastanak i razvoj OPCC imaju genetski faktori, onkogeni virusi, posebno kancerogeni podtipovi humanog papiloma virusa- HPV 16, 18, 31, 33. Osim HPV virusa, sa nastankom posebno oralnog kancera, povezuje se i prisustvo virusa iz grupe herpes virusa – Epštaj-Bar-ovog virusa (EBV), humanog herpes virusa (HHV) i citomegalovirusa (CMV). I neki drugi faktori doprinose nastanku oralnog karcinoma, ali je njihov uticaj nedovoljno poznat. To su pre svega poremećaj imunskog sistema organizma, hronične infekcije, hronične lokalne iritacije na meka tkiva ali i neki drugi faktoru mogu da se povežu s nastankom OPCC. Proces maligne transformacije odvija u više stepena – verovatno je da u etiopatogenezi dolazi do interakcije faktora sredine, virusnih infekcija i genskih alteracija. I ako je mala učestalost OPCC u odnosu na sve druge karciniome, agresivnost karcinoma ove lokalizacije pokazana je činjenicom da se kod 40-50% lečenih bolesnika javlja lokoregioonalni relaps bolesti i da oko 40% bolesnika ima petogodišnje ukupno preživljavanje. Visoka incidenca morbiditeta i mortaliteta bolesnika s oralnim karcinom opravdava razloge za pronalaženje efikasnijih modaliteta lečenja karcinoma ove lokalizacije. Zapostizanje boljeg uspeha u lečenju bolesnika s oralnim karcinomom značajno utiču faktori koji su prisutni u trenutku lečenja (godine starosti, opšte zdravstveno stanje, pridružene bolesti, stepen funkcionalne sposobnosti (Karnofskyskala/ECOG), stadijum bolesti, patohistološki nalaz s neophodnim prognostičkim parametrima koji značajno utiču na donošenje odluke o lečenju. Pacijenti kojima se može izvršiti radikalno hirurško lečenje oralnog karcinoma indikuje se preoperativna biopsija. Hirurško lečenje podrazumeva radikalno uklanjanje tumora, rekonstrukcija nastalog defekta i disekcija regionalnih metastaza vrata. Nakon hirurškog lečenja u zavisnosti od patohistološkog nalaza pacijneti dobijaju postoperativnu zračnu terapiju. U zavisnosti od prisustva prognostičkih parametra lečenje podrazumeva i primenu radio terapije uz hemioterapiju. Ukoliko postoje udaljene metastaze uglavnom se kod bolesnika s dobrim opštim stanjem sprovodi sistemska hemioterapija. Danas postoje i savremeniji protokoli koji podrazumevaju primenom hemioterapije i biološke terapije ali i primenu imuno terapije. Bolesnici kod kojih su iscrpljeni navedeni modaliteti lečenja i narušeno opšte funkcionalno stanje života primenjuje se simptomatska terapija.

ABSTRACT

Carcinomas of the head and neck make up about 6% of all tumors and represent a heterogeneous group of tumors with different frequency in relation to the primary localization, perhaps different biology, etiology and even treatment success. About 90% of all head and neck malignant tumors are squamous cell carcinoma. Oralsquamous cell carcinoma(OPCC) accounts for about 3% of all cancers registered in men, and slightly less than 2% of all cancers in women. The frequency increases significantly with age and varies depending on the geographical area.The etiology of oral cancer is not fully known, it is believed that several factors have a certain influence on the development of this disease. These are known risk factors (smoking and consumption of alcoholic and poor oral hygiene). Genetic factors, oncogenic viruses, especially cancerous subtypes of the human papillomavirus - HPV 16, 18, 31, 33 - have a special influence on the occurrence and development of OPCC. In addition to HPV, the presence of viruses from the group of herpes viruses - Epstein-Barr virus (EBV), human herpes virus (HHV) and cytomegalovirus (CMV) - is associated with the occurrence of oral cancer in particular.Some other factors also contribute to the occurrence of oral cancer, but their influence is insufficiently known. These are primarily disorders of the body's immune system, chronic infections, chronic local irritations on soft tissues, but also some other factors can be associated with the occurrence of OPCC. The process of malignant transformation takes place in several stages - it is likely that the etiopathogenesis involves the interaction of environmental factors, viral infections and gene alterations.Even if the frequency of OPCC is low compared to all other carcinomas, the aggressiveness of cancer of this localization is demonstrated by the fact that locoregional relapse of the disease occurs in 40-50% of treated patients and that around 40% of patients have a five-year overall survival.To achieve better success in the treatment of patients with oral cancer, the factors that are present at the time of treatment (age, general health condition, associated diseases, level of functional ability (Karnofsky scale/ECOG), stage of the disease, pathohistological findings with the necessary prognostic parameters that significantly influence the decision on treatment) have a significant influence.Preoperative biopsy is indicated for patients who can undergo radical surgical treatment of oral cancer. Surgical treatment involves radical removal of the tumor, reconstruction of the resulting defect and dissection of regional metastases of the neck. After surgical treatment, depending on the pathohistological findings, patients receive postoperative radiation therapy.Depending on the presence of prognostic parameters, treatment includes the use of radiotherapy along with chemotherapy. If there are distant metastases, systemic chemotherapy is usually performed in patients with a good general condition. Today, there are more modern protocols that include the use of chemotherapy and biological therapy, but also the use of immunotherapy. Symptomatic therapy is applied to patients in whom the mentioned treatment modalities have been exhausted and the general functional state of life has been impaired.