

# Head and neck cancer and the prevalence of pain management.

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## Abstract

**However, there is little information on the pain associated with head and neck cancer. Pain is a common symptom in cancer patients. Examining the incidence of pain and its contributing factors among HNC patients was the goal of this review. Cancer patients frequently experience pain, which can be brought on by both the disease itself and its repercussions. Little emphasis has been paid to how long pain lasts after treatment. We investigated the prevalence, risk factors, and effects of pain on quality of life (QOL) among head and neck cancer survivors.**

**Keywords:** Cancer, Neck Cancer, Pain Management.

## Introduction

The term "head and neck cancer" refers to a number of different cancers. Head and neck cancer is defined as "cancer that starts in the head or neck region (in the nasal cavity, sinuses, lips, mouth, salivary glands, throat, or larynx)" by the National Cancer Institute. Squamous cell carcinomas make up the majority of head and neck malignancies. Because they differ from head and neck cancers in terms of epidemiology, histopathology, and etiology, tumours of the salivary glands and the nasopharynx are not always categorised as head and neck cancers [1].

With an estimated 550,319 incident cases and 305,096 deaths globally in 2008, cancer of the head and neck (upper aerodigestive tracts) (oral cavity, pharynx, and larynx) is the ninth most common cancer and cause of cancer mortality globally. The sickness of head and neck cancer still has the potential to be disfiguring. The five-year survival rate for oral cavity and pharynx cancer is close to 40% in the United States and Europe, but it is lower in underdeveloped nations. Due to its extensive innervation and congested anatomy, the head and neck region is particularly susceptible to pain. As a result, persistent discomfort is a typical complaint among head and neck cancer patients as well as survivors. According to several theories, the causes of cancer-related pain in people with head and neck cancer are complex. These include variables unrelated to disease, cancer therapy side effects, and direct tumour effects. Surgery, radiation, and chemotherapy are all used in the treatment of head and neck cancer patients, and these procedures have been shown to significantly change structural integrity and result in persistent discomfort in head and neck cancer survivors. when compared to other common cancers, it was discovered that head and neck cancers were

the most frequent cause of neuropathic pain. Therefore, the purpose of this systematic review was to investigate the prevalence and contributing factors of cancer-related pain in patients with head and neck cancer [2-5].

## Conclusion

The information that is now available makes it clear that pain in head and neck cancer is a serious issue. Even though little research has been done on pain in cancer survivors who have been alive for five years or longer and on pain in patients who are dying from cancer, the information that is currently available indicates that a sizable portion of patients continue to experience pain even after their treatment is over. The number of head and neck cancer survivors is rising thanks to more advanced cancer treatment techniques, but if pain management is not properly addressed, their quality of life will be significantly reduced. Thus, screening programmes are required for the early detection of pain in patients with head and neck cancer. Cancer pain questionnaires can be useful elements of such a programme and give clinicians a screening tool for identifying and treating pain at an early stage of the therapeutic period.

## References

1. Frost BA, Camarero-Espinosa S, Foster EJ. Materials for the spine: anatomy, problems, and solutions. *Materials*. 2019;12(2):253.
2. Lawrence JS. Disc degeneration. Its frequency and relationship to symptoms. *Ann Rheum Dis*. 1969;121-38.
3. Nayel MH. Mutual benefits from epilepsy surgery in developed and developing countries. *Epilepsia*. 2000;41:S28-30.

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4. Wilkins KE. Providing outreach continuing education in countries with limited resources. Clin ortho and relat res. 2008;466(10):2413-7.
5. Smith GM, Johnson GD, Grimer RJ, Wilson S. Trends in presentation of bone and soft tissue sarcomas over 25 years: little evidence of earlier diagnosis. The Anna of the Roy Col of Surg of Eng. 2011;93(7):542-7.