



Treatment for advanced head and neck cancer, a delayed swallowing reflex improves

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Commentary

In patients with head and neck cancer, the delay of the swallowing reflex is a major cause of dysphagia. Although several studies have compared voluntary swallowing ability before and after therapy, few have looked at the latency of the swallowing reflex, which is a risk factor for pneumonia caused by silent aspiration. The goal of this retrospective study was to determine how the swallowing reflex latency changed before and after treatment. The time between the injections of 1 ml of distilled water into the pharynx through a nasal catheter to the commencement of swallowing was used to determine the latency of the swallowing reflex. A delayed swallowing reflex improved with treatment in advanced head and neck cancer patients, according to this retrospective study.

Advanced head and neck cancer, as well as its treatment, causes swallowing problems, lowering patients' quality of life and decreasing their chances of survival. Reduced tongue base retraction, reduced laryngeal elevation, crico pharyngeal dysfunction, and a delayed swallowing reflex are some of the mechanisms of dysphagia caused by advanced head and neck cancer treatment. Both a delayed swallowing response and a diminished elevation of the larynx have been found to be independent risk factors for aspiration pneumonia in individuals with head and neck cancer. Silent aspiration of oro pharyngeal secretions can occur as a result of a delayed swallowing reflex, which is recognised to be a risk factor for pneumonia in the elderly.

Although many studies have looked at voluntary swallowing in head and neck cancer patients using video fluorography, the gold standard method for evaluating dysphagia, or flexible video endoscopy, which was first reported in 1988 by Langmore and colleagues, few studies have looked at silent aspiration

due to attenuation of the swallowing reflex. The latency time of the swallowing response can be easily tested using a nasal catheter and a bolus injection of distilled water into the throat. Treatment for head and neck cancer, including surgery and chemoradiation, may cause a delayed swallowing response.

While direct tumour invasion of the pharynx causes a delayed swallowing reflex, the tumour's removal with treatment may improve swallowing performance. Despite the fact that many research have compared swallowing function before and after therapy, few have looked at the latency of the swallowing reflex. To better understand the changes in the latency of the swallowing reflex from before to after therapy, a retrospective analysis of patients with advanced head and neck cancer was done.

A delayed swallowing reflex improved after treatment in advanced head and neck cancer patients, according to one study. In head and neck cancer patients, a delayed swallowing reflex is known to be an independent risk factor for aspiration pneumonia. Because of diminished pharyngeal feeling, both tumour invasion into the pharynx and cancer treatment, such as surgery and chemo radiation, are known to elicit a delayed swallowing reflex. Although there are numerous studies comparing swallowing performance before and after treatment, such as laryngeal elevation or penetration-aspiration, the delay of the swallowing reflex has been the subject of only a few researches.

This is the only report that we are aware of that shows a significant improvement in the delayed swallowing reflex after treatment in individuals with head and neck cancer. Despite an increased risk of dysphagia in patients following therapy due to decreased tongue base retraction, reduced laryngeal elevation, and crico pharyngeal dysfunction, some patients reported improved swallowing performance.