

# Epidemiology and Histopathology of Cancers of the Upper Aerodigestive Tract in the ENT and Head and Neck Surgery Department of the Ignace Deen National Hospital

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**How to cite this paper:** Diallo, M.M.R., Diallo, O.A., Keita, R.M.K., Barry, O., Keita, A. and Diallo, A.O. (2024) Epidemiology and Histopathology of Cancers of the Upper Aerodigestive Tract in the ENT and Head and Neck Surgery Department of the Ignace Deen National Hospital. *International Journal of Otolaryngology and Head & Neck Surgery*, 13, 259-274.

<https://doi.org/10.4236/ijohns.2024.134023>

**Received:** May 27, 2024

**Accepted:** July 15, 2024

**Published:** July 18, 2024

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## Abstract

**Introduction:** Head and neck cancers represent a significant burden of cancer, collectively ranking fourth for cancer incidence and second for cancer mortality worldwide. **Objective:** To study the epidemiological and histopathological aspects of head and neck cancers in the ENT-CCF department of Ignace Deen National Hospital. **Materials and Methods:** This was a descriptive retrospective study covering a period of 5 years from September 1, 2016, to September 30, 2021. **Results:** We collected 43 cases of head and neck cancers, representing a hospital frequency of 1.85%. The mean age was  $45.21 \pm 13.23$  years. Males predominated, accounting for 65.12%, compared to 34.88% for females, with a male-to-female ratio of 1.87. Housewives accounted for 27.90%, followed by farmers at 23.26% and traders/merchants at 18.60%, with 41.86% being uneducated. The main risk factors were tobacco (37.21%) and alcohol (34.88%). Pain (53.49%), dysphonia (51.16%), and dyspnea (39.53%) were the main presenting symptoms. Squamous cell carcinoma (74.42%) and large cell lymphoma (18.60%) were the most commonly cited histological types. **Conclusion:** Head and neck cancers remain relatively common in our country. Improving prognosis depends on early diagnosis of the condition, resuscitation resources, and prompt management.

## Keywords

Cancer, Head and Neck, Histopathology, Ignace Deen National Hospital

## 1. Introduction

Cancer is a disease characterized by the anarchic and uncontrolled proliferation of cells, associated with an escape from the regulatory mechanisms that ensure the harmonious development of our organism [1]. Cancers of the upper aerodigestive tract (UADT) are malignant tumors of the oral cavity, pharynx (oropharynx, nasopharynx, hypopharynx), larynx, salivary glands, esophagus, and paranasal sinuses [2]. They represent a significant burden; collectively ranking fourth for cancer incidence and second for cancer mortality worldwide [3]. There are a number of factors that can increase the risk of a person developing upper aerodigestive tract cancer, including smoking, moderate to heavy alcohol consumption, exposure to asbestos and other toxic substances, and genetic/family history of cancer [4]. The diversity of etiological factors and the high mortality rate of upper aerodigestive tract cancers motivated the choice of our study, whose general objective was to study the epidemiological and histopathological aspects of upper aerodigestive tract cancers in the Ear, Nose, and Throat (ENT) and Head and Neck Surgery Department of Ignace Deen National Hospital.

Overall, these cancers are responsible for significant morbidity and mortality, with notable variations in incidence and survival rates across different geographic regions and demographic groups.

Previous research on UADT cancers has primarily been conducted in high-income regions, where access to healthcare and screening programs is more developed. However, there is a growing need for data from low- and middle-income countries, where epidemiology and clinical outcomes may differ due to variations in risk factor exposure and available resources for diagnosis and treatment. This study aims to fill this gap by providing detailed data on the epidemiology and histopathology of UADT cancers in a specific population in Guinea, thereby contributing to the global understanding of these diseases and improving local public health interventions.

The Ignace Deen National Hospital, located in Conakry, is a key institution in the Guinean healthcare system, offering specialized services in otorhinolaryngology and cervicofacial surgery. This descriptive retrospective study, covering a five-year period, focuses on patients diagnosed and treated for UADT cancers at this institution.

## 2. Methodology

### 2.1. Study Setting

Our study was conducted in the Ear, Nose, and Throat (ENT) and Head and Neck Surgery Department of Ignace Deen National Hospital. It is a public service with a triple vocation: care, continuing education, and scientific research.

### 2.2. Materials

Our material consists of all the medical records of patients hospitalized in the department.

### 2.2.1. Data Sources: We Used the Following Data Sources

- Consultation registers
- Hospitalization registers
- Operative report registers
- Anatomopathological report registers

### 2.2.2. Data Collection Support

We designed a questionnaire that allowed us to gather information contained in patient files (Data Collection Form).

## 2.3. Methods

### 2.3.1. Study Type and Duration

This is a retrospective descriptive study spanning 5 years from September 1, 2016, to September 30, 2021.

### 2.3.2. Target Population

It encompassed all patient records hospitalized in the Ear, Nose, and Throat (ENT) and Cervicofacial Surgery Department of the Ignace Deen National Hospital.

### 2.3.3. Study Population

The study focused on the records of patients admitted for cancers of the upper aerodigestive tract confirmed by histology.

### 2.3.4. Selection Criteria

- Inclusion Criteria:

We included in this study all patient records, of any age, admitted to our service for histologically confirmed upper aerodigestive tract cancers and followed up at the ENT department of Ignace Deen National Hospital.

- Exclusion Criteria:

Incomplete records, patients lacking histological evidence, and patients hospitalized for other cancers were excluded.

### 2.3.5. Sampling

➤ Sample Size

○ Sampling Technique:

We conducted a comprehensive sampling of all patient records meeting our selection criteria.

We compiled patient records meeting our selection criteria.

### 2.3.6. Study Variables

Our variables were both qualitative and quantitative.

**Epidemiological Data:**

- Almost half of the CoNS isolates contained the *aacA-aphD*, *TetK* and *mecA* genes.
- **Frequency:** Expressed as a percentage, it determines the ratio between the

number of upper aerodigestive tract cancers and the total number of pathologies encountered in the department.

- **Age:** The period elapsed, in full years, from birth to the day of contact with the investigator. Patients were divided into age groups with an amplitude of 15 years. The average age and standard deviation were then calculated, as well as the extremes.
- **Sex:** The set of morphological characteristics that differentiate men from women. We will calculate the sex ratio.
- **Occupation:** The regular activity performed by patients to earn a living. Patients will be categorized according to the following professional statuses:
  - **Teacher:** A person responsible for imparting knowledge or reasoning methods to others within the framework of training in a given discipline.
  - **Students:** Respondents who receive education in a general or university institution.
  - **Worker:** A person who, in exchange for a salary, performs generally manual work for an employer.
  - **Housewives:** Respondents who take care of household activities.
  - **Merchants:** A person who buys and sells as a profession.

**Marital Status:**

- **Single:** Respondent who is not married.
- **Married:** Respondent who has established a union with another person based on social, religious, and legal grounds governed by their country, society, and religion.
- **Divorced:** Respondent whose marriage has been legally dissolved.
- **Widowed:** Respondent whose spouse has passed away.

**Educational Level:**

- **Higher Education:** University or post-university level.
- **Secondary Education:** High school, college, or technical/professional training level.
- **Primary Education:** Patients who attended school up to the 6th year.
- **Uneducated:** Patients who have not attended an educational institution.

**Predisposing Factors/Lifestyle:**

- **Tobacco:** Current consumption or period of cessation of a psychoactive product manufactured from the dried leaves of common tobacco plants (*Nicotiana tabacum*).
- **Alcohol:** Current consumption of the basic chemical substance found in all alcoholic beverages.
- **Cannabis Use:** Voluntary intoxication with cannabis.
- **Poor Oral Hygiene:** When hygiene conditions are defective.
- **Associated Conditions:** Morbid phenomena (concerning the disease presented by the patient at the time of consultation) related to the patient's history, preceding the disease in question. This includes hypertension, diabetes, tuberculosis, heart disease, etc.

**Symptoms at Diagnosis:**

- **Tumefaction:** Pathological increase in volume of a cell, tissue, or organ.
- **Ulceration:** Pathological process of tissue alteration leading to ulcer formation.
- **Pain:** An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in such terms.
- **Hypersalivation:** Medical term indicating an overabundant secretion of saliva and oral mucus.
- **General Deterioration:** Refers to a syndrome associating three clinical signs: anorexia (decreased or loss of appetite), asthenia (general fatigue), and weight loss (greater than or equal to 5% of usual weight).
- **Cervical Lymphadenopathy:** An increase in the size of a lymph node in the neck.
- **Dysphonia:** Any voice disorder, whether of peripheral or central origin, or an alteration of vocal function perceived by the subject or their entourage.
- **Dyspnea:** Difficulty or discomfort in breathing.
- **Bleeding from the ENT Sphere:** Any hemorrhage originating from the ENT area.

**Clinical Examination:**

- **General Examination:** Classification according to the World Health Organization of the general condition of patients: 0 /...../ 1 /...../ 2 /...../ 3 /...../ 4 /...../
- **Height:** The vertical measurement of the patient from head to foot, expressed in meters.

**Tumor Site:**

- The location of cancerous lesions. Includes: Oral cavity, Oropharynx, Hypopharynx, Nasopharynx, Esophagus, Larynx.
- **Tumor Characteristics:** The set of morphological characteristics of the tumor.
- **Tumor Size:** The measurement of the tumor.
- **Cervical Lymphadenopathy:** Increase in the size of lymph nodes in the cervical region, number, laterality (ipsilateral, contralateral), and size (< 3 cm, between 3 and 6 cm, > 6 cm).

**TNM Classification:**

- **Locoregional Extension Assessment:** Examinations that guide us towards locoregional involvement. This assessment includes: panendoscopy, cervical or facial CT scan.
- **General Extension Assessment:** An assessment allowing the exploration of other systems for metastasis detection. It includes: chest X-ray, thoracoabdominal CT scan, abdominal ultrasound, bone scintigraphy.

**Anatomopathology:**

- Involves:
  - **Resection Specimen:** Size and site, anatomical and pathological aspects, macroscopic appearance, histological type, and differentiation.

- **Resection Margins:** < 5 mm, > 5 mm.

#### **Length of Hospital Stay:**

- The time (days) spent by the patient in the department from admission to discharge, allows the calculation of the average duration of hospitalization.

#### **2.3.7. Data Analysis**

Text, table, and figure processing were performed using Word, Excel, and PowerPoint software from the Office 2016 suite. Data entry and analysis were conducted using EPI Info software version 7.2.2.

#### **2.3.8. Ethical and Administrative Considerations**

Good medical practice was observed, meaning adherence to medical ethics and confidentiality, and the collected data were used purely for scientific purposes.

#### **2.3.9. Limitations and Challenges**

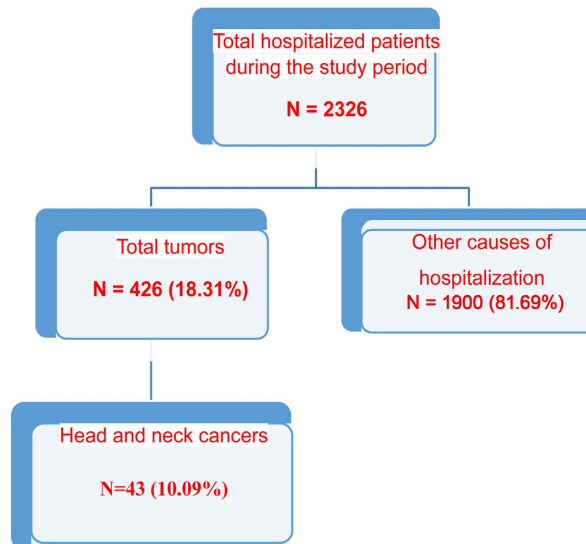
##### **The Main limitations of Our Study Include**

- **Sample Size:** The sample size may not be large enough to represent the entire population affected by upper aerodigestive tract cancers in the region.
  - **Strategy:** To mitigate this limitation, it would be beneficial to extend the study over a longer period or to include multiple hospital centers to increase the sample size.
- **Selection Bias:** The selection of hospitalized patients may introduce bias, as the most severe or clinically visible cases are more likely to be included in the study.
  - **Strategy:** To minimize this bias, a prospective approach that includes systematic follow-up of patients with early symptoms could be implemented.
- **Data Quality:** The collected data may be incomplete or inaccurate due to insufficient documentation or entry errors.
  - **Strategy:** To improve data quality, it is recommended to establish more rigorous data collection protocols and to train staff on the importance of precise and complete documentation.
- **Lack of Longitudinal Data:** The absence of long-term patient follow-up limits our understanding of the progression of upper aerodigestive tract cancers and the effectiveness of administered treatments.
  - **Strategy:** To address this gap, the establishment of a patient registry and systematic longitudinal follow-up is essential.
- **Generalization of Results:** The results of this study, specific to a single hospital center, may not be generalizable to other contexts or regions.
  - **Strategy:** To enhance the generalizability of the results, it would be pertinent to conduct comparative studies involving multiple hospitals in different regions.

By proactively addressing these limitations, we can strengthen the validity and reliability of our study's conclusions, thereby contributing to a better understanding and management of upper aerodigestive tract cancers.

### 3. Results

During our study, out of a total of 2326 records, we collected 426 cases of tumors (benign and malignant). Among these 426 cases, forty-three were cancers of the upper aerodigestive tract, representing a hospital frequency of 1.85% (**Figure 1**). It is noteworthy that cancers of the upper aerodigestive tract accounted for 10.09% of all tumors in the ENT and Cervicofacial Surgery Department of Ignace Deen National Hospital.



**Figure 1.** Frequency of upper aerodigestive tract cancers in our series.

The average age of our patients was 45.21 years  $\pm$  13.23 years, with a range from 5 years to 64 years (**Table 1**).

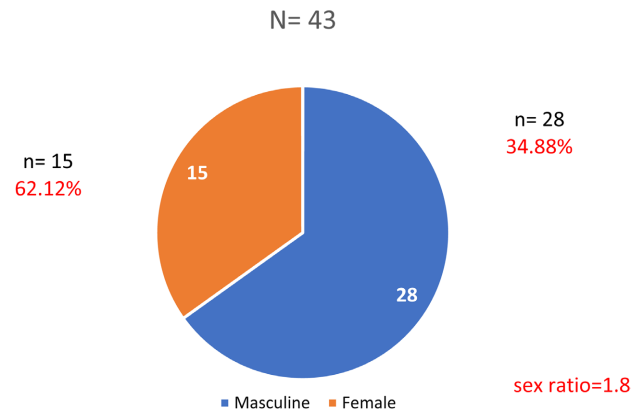
**Table 1.** Distribution of patients according to age groups of the 43 patients with upper aerodigestive tract cancer from September 1, 2016, to September 30, 2021, at the ENT department of Ignace Deen National Hospital.

Age group	Number	Percentage
[5 – 20[	1	2.33
[21 – 35[	8	18.60
[36 – 50[	16	37.21
[ $\geq$ 51[	18	41.86
<b>Total</b>	<b>43</b>	<b>100</b>

Average age: 45.21  $\pm$  13.23 years; Extremes: 5 and 64 years old.

In our study, males were predominant with a sex ratio of 1.8 (**Figure 2**).

**Table 2** shows the distribution of patients according to profession, revealing that homemakers, farmers, and workers were the most affected, accounting for 27.90%, 23.26%, and 20.93%, respectively.



**Figure 2.** Distribution of patients by gender.

**Table 2.** Distribution by profession of the 43 patients with upper aerodigestive tract cancer from September 1, 2016, to September 30, 2021, at the ENT department of Ignace Deen National Hospital.

Profession	Number	Percentage
Housewife	12	27.90
Farmer	10	23.26
Worker	9	20.93
Merchant or Shopkeeper	8	18.60
Teacher	2	4.65
Seamstress	1	2.33
Plumber	1	2.33
<b>TOTAL</b>	<b>43</b>	<b>100</b>

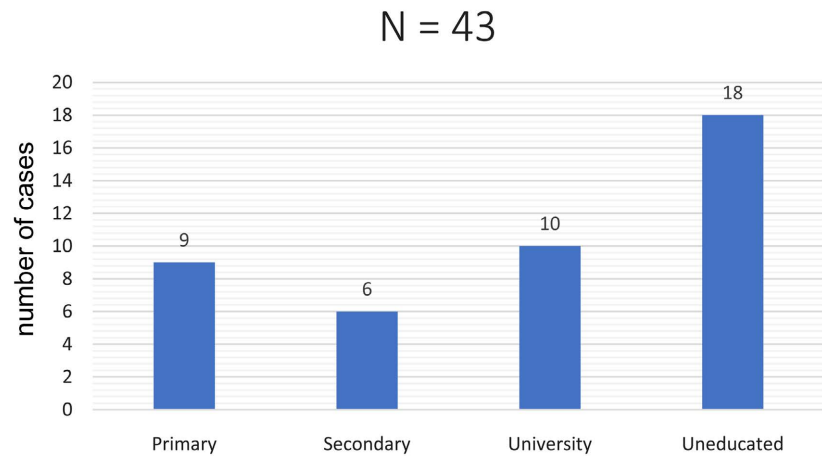
**Figure 3** depicts the level of education among the 43 patients with cancers of the upper aerodigestive tract admitted to our service during the study period.

In our series, tobacco and alcohol emerged as the most common predisposing factors, at 37.21% and 34.88% respectively, closely followed by poor oral hygiene at 25.58% (see **Table 3**). We observed that hypertension and diabetes were the most frequently encountered comorbidities in our series, at 18.60% and 9.30% respectively (**Table 4**). Initial symptoms observed included pain in 23 cases (53.49%), dysphonia in 22 cases (51.16%), dyspnea in 17 cases (39.53%), cervical swelling in 11 cases (25.58%), hypersalivation in 5 cases (11.63%), bleeding in 4 cases (9.30%), general deterioration in 3 cases (6.98%), ulceration in 3 cases (6.98%), dysphagia in 3 cases (6.98%), and functional aesthetic impairment in 1 case (2.33%). Thirty-seven patients, representing 86.05%, were classified as stage I according to the World Health Organization, indicating good overall health.

The distribution of lesions was as follows: larynx with 15 cases, accounting for 34.88%; oral cavity with 8 cases, accounting for 18.60%; esophagus with 6 cases,



accounting for 13.95%; salivary gland with 4 cases, accounting for 9.30%; hypopharynx with 3 cases, accounting for 6.97%; palatine tonsil with 3 cases, accounting for 6.97%; maxillary sinus with 2 cases, accounting for 4.65%; nasopharynx with 1 case, accounting for 2.32%; and nasal fossa with 1 case, accounting for 2.32%.



**Figure 3.** Distribution of patients by level of education.

**Table 3.** Distribution according to predisposing factors of the 43 patients with upper aerodigestive tract cancer from September 1, 2016, to September 30, 2021, at the ENT department of the Ignace Deen National Hospital.

Predisposing factors	Number	Percentage
Tobacco	16	37.21
Alcohol	15	34.88
Poor oral hygiene	11	25.58
Pre-cancerous lesions	7	16.28
Cannabis	1	2.33

**Table 4.** Distribution according to associated comorbidities of the 43 patients with upper aerodigestive tract cancer from September 1, 2016, to September 30, 2021, at the ENT department of the Ignace Deen National Hospital.

Associated comorbidities	Number	Percentage
Hypertension	8	18.60
Diabetes	4	9.30
Heart disease	2	4.65
Asthma	1	2.33
Pneumonia	1	2.33
Acute rheumatic fever	1	2.33

**Table 5** illustrates the distribution of patients according to the site of lymphadenopathy and their number. According to the results of histopathological examination, squamous cell carcinoma was the most frequent histological type, with 32 cases representing 74.41%. It was followed by diffuse large B-cell lymphoma with 8 cases, accounting for 18.60%. Other histological types included adenoblastoma with 1 case (2.33%), adenoid carcinoma with 1 case (2.33%), and mucoepidermoid carcinoma with 1 case (2.33%).

**Table 5.** Distribution according to the anatomical site of lesions of the 43 patients with upper aerodigestive tract cancer from September 1, 2016, to September 30, 2021, at the ENT department of the Ignace Deen National Hospital.

Oral cavity	number	Percentage
Salivary glands	4	9.30
Floor of the mouth	2	4.65
Gum	2	4.65
Palate	1	2.33
Retromolar trigone	1	2.33
Base of the tongue	1	2.33
Free border of the tongue	1	2.33
<b>Nasal cavity</b>		
Maxillary sinus	2	4.65
Nasal cavity	1	2.33
<b>Oropharynx</b>		
Palatine tonsil	3	6.98
<b>Hypopharynx</b>		
Piriform sinus	2	4.65
Retrocricoid-arytenoid region	1	2.33
Esophagus	6	13.95
<b>Larynx</b>		
Glottis	10	23.26
Subglottic area	4	9.30
Supraglottic area	1	2.33

In our study, squamous cell carcinoma accounted for 74.42%, followed by diffuse large B-cell lymphoma as the most frequently cited histological types.

## 4. Discussion

In our study, among the 2326 records examined, we identified 426 cases of tumors, whether benign or malignant. Among these cases, 43 were cancers of the upper aerodigestive tract, representing a hospital frequency of 1.85%. It is worth noting that upper aerodigestive tract cancers represent 10.09% of all tumors diagnosed at the Ear, Nose, and Throat (ENT) department of Ignace Deen National Hospital. In a study conducted by Amana B *et al.* [5] in Togo, involving a sample of 401 cases of primary cancers of the upper aerodigestive tract and the cervicofacial region diagnosed histologically, these types of cancers represented 0.48% of all consultations and 15.3% of all diagnosed tumors in that region. In France, the frequency of squamous cell carcinomas of the upper aerodigestive tract is estimated at 16,000 new cases in men out of a total of 120,000 new cases of cancer per year, and 1800 new cases in women out of a total of 80,000 new cases of cancer per year [6]. In their study, Morris J *et al.* [4] indicated that cancers of the upper aerodigestive tract represent about 4% of all malignant tumors.

The mean age ( $45.21 \pm 13.23$  years) observed in our study was lower than that reported by Diallo AO *et al.* in 2020, who noted a mean age of  $53.7 \pm 4$  years with extreme values ranging from 13 to 80 years [7], as well as that of Riley CA *et al.* [3] in 2018 in France, who reported a median age of 74 years with extreme values ranging from 66 to 99 years.

In a study conducted in France by Auperin A *et al.* [8], it was found that cancers of the upper aerodigestive tract were very rare before the age of 35. Their incidence was highest between 50 and 59 years old, but remained high until 84 years old. It appears from our study that the onset age of upper aerodigestive tract cancers in our study population occurs earlier than in European countries, which could be due to local dietary habits characterized by a low intake of trace elements. In our study, men were predominant, accounting for 65.12%, while women accounted for 34.88%. This finding is consistent with that of Oudjehih M *et al.* [9], who observed a prevalence of 76.6% in men.

We observed a predominance of housewives, accounting for 27.90%, followed by farmers with 23.26% and traders/merchants with 18.60%. This observation differs from that reported by Carton M in France [10] in 2017, where the respective percentages were as follows: employees 54.1%, workers 22.7%, intermediate professions 10.1%, and executives 6.9%.

The high prevalence of housewives in our study could be due to the modest income of these patients, who typically present at an advanced stage of the disease. The predominance of uneducated individuals

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The high prevalence of housewives in our study could be due to the modest income of these patients, who typically present at an advanced stage of the disease. The predominance of uneducated individuals, with 41.86% in our study, was similar to that reported by Oudjehih M [9] in Algeria in 2020, who noted that the majority of participants were illiterate (49%) or poorly educated (32%).

This observation reflects the situation in Africa. In 2020, the literacy rate in Guinea was 30.40%.

Regarding risk factors, our data are comparable to those of Amana B *et al.* [5] in Togo, who reported a prevalence of 38% for alcohol intoxication, 21% for smoking, combined alcohol and tobacco intoxication found in 29 patients, and 13% for poor oral hygiene. Smoking or tobacco use accounts for more than 30% of all cancers, mainly those affecting the upper aerodigestive tract, including the lungs and bronchi, the larynx, the pharynx, and the oral cavity [12]. Diallo AO *et al.* also found that alcohol intoxication was the main risk factor, with a preva-

lence of 52.4% [7]. Our findings regarding past medical history and associated pathologies are similar to those of ZAIDI MK [13] in Morocco in 2016, who reported a prevalence of 14% for hypertension, 8% for diabetes, and 7% for heart diseases. The prevalence of pain, swelling, dysphonia, and dyspnea could result from the compression of the recurrent nerve by the tumor, thus affecting the vocal cords and airways. In the literature, it is observed that among head and neck cancers, the locations are distributed as follows: oral cavity, representing 30 to 35% (including mobile tongue: 15%, floor of the mouth: 6%); oropharynx, representing 20 to 25% (including tonsil: 15%, soft palate: 5%, base of tongue: 5%); hypopharynx, representing 10 to 15% (mainly piriform sinus); larynx, representing 25 to 30% (including glottis: 10%, supraglottic: 10%) [6]. Similarly, Riley CA *et al.* [3] noted 60.5% laryngeal tumors, 5.4% hypopharyngeal, 5.2% oropharyngeal, 14.4% tonsillar, 5.5% nasopharyngeal, and 9.0% paranasal sinus.

## 5. Conclusion

Upper aerodigestive tract cancers remain relatively common in our country. All age groups are affected, with a predominance in the fifties. Men are the most affected, but there is a significant proportion of women. Housewives and farmers with a low socioeconomic status and low education level were predominant. Poor oral hygiene, alcohol consumption, and smoking have been identified as risk factors. The most frequent locations were the larynx, pharynx, oral cavity, and nasal cavity. The positive diagnosis of cancers is mainly histological, and squamous cell carcinoma and large-cell lymphoma were the most cited histological types. Improving this prognosis would depend on early diagnosis of the condition, resuscitation means, and prompt management.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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## Appendix

### Data Collection Sheet

Sheet Number /...../ Date of Admission ...../...../.....  
 Age in years /...../ Sex: M /...../ F /...../  
 Residence: Urban area /...../ Rural area /...../  
 Occupation /...../ Socio-economic status: Upper /...../  
 Middle /...../ Low /...../  
 Marital status: Married /...../ Single /...../ Widowed /...../  
 Divorced /...../  
 Educational level: Uneducated /...../ Primary /...../ Secondary /...../  
 Higher /...../

### Predisposing factors/Lifestyle

Tobacco: non /...../ yes /...../ : Number of packs per day/...../  
 Cannabis: yes /...../ non /...../  
 Alcohol: yes /...../ non /...../ Precancerous lesions: yes /...../ non /...../  
 Poor oral hygiene: yes /...../ non /...../  
 Exposure to chemicals yes /...../ non /...../

### Associated comorbidities:

hypertension /...../ Diabetes /...../ Tuberculosis /...../ Cardiopathy /...../  
 Others /...../

### Presentation of symptoms at discovery:

Swelling /...../ Ulceration /...../ Pain /...../ Excessive salivation /...../  
 Generalized deterioration /...../  
 Cervical lymphadenopathy /...../ Discovered at the metastatic stage /...../  
 Hoarseness /...../ Shortness of breath /...../  
 Functional and aesthetic discomfort /...../  
 Bleeding from the ENT sphere/...../  
 Others /...../

### Clinical examination:

General examination: WHO Classification of General Health:  
 0 /...../ 1 /...../ 2 /...../ 3 /...../ 4 /...../  
 Weight in kg /...../ Height in meters /...../  
 Body Mass Index /...../

### Site of the tumor:

**Oral cavity:** Tip of the tongue /...../ Free border of the tongue /...../  
 Base of the tongue /...../ Floor of the mouth /...../ Palate /...../  
 Retro-molar trigone/...../ Gum /...../  
**Nasal cavity:** Maxillary sinus /...../ Nasal cavity /...../ Ethmoid sinus /...../  
 Frontal sinus /...../ Sphenoidal sinus/...../  
**Oropharynx:** Palatine tonsil /...../ Anterior pillar /...../  
 Posterior pillar /...../ Posterior wall /...../  
**Hypopharynx:** Posterior wall /...../ Piriform sinus /...../  
 Retrocricoid arytenoid region /...../

**Nasopharynx** /...../ Esophagus /...../  
**Larynx:** Upper glottic area /...../ Vocal cords /...../  
Subglottic region /...../ the 3 levels /...../  
**The aspects of the tumor** /...../  
**Tumor size in cm:** /...../  
**Cervical lymphadenopathy:**  
Location /...../ Number /...../ Laterality: Ipsilateral /...../  
Contralateral /...../ Bilateral /...../  
Size: < 3 cm /...../ between 3 and 6 cm /...../ >6 cm /...../  
TNM classification/...../  
**Locoregional staging:**  
Panendoscopy /...../ cervical or facial CT scan /...../  
Cervical Magnetic Resonance Imaging /...../ Locally advanced tumor /...../  
**General staging assessment:**  
Chest X-ray /...../ Thoracic CT scan /...../ Abdominal ultrasound /...../  
Abdominal CT scan /...../  
Bone scintigraphy/...../ TNM classification  
**Histopathology:**  
**Surgical specimen:** Size /...../ Location /...../  
Histopathological features /...../  
Histological type /...../  
Differentiations:  
Resection margins: Less than 5 mm /...../ Greater than 5 mm /...../  
**Treatment:**  
Surgery...../ Chemotherapy /...../ Radiotherapy /...../  
Length of hospital stay /...../