NO REGISTRATION

# Case Series : Palliative Care Challenges in Head and Neck Cancer Patients

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## INTRODUCTION

Head and neck cancer cases are rising and there were **4870** new cases reported by Malaysian National Cancer Registry in year **2020**.[1] Most of the cases are aggressive and diagnosed at the advanced stage.[2] In Pusat Perubatan Universiti Sains Malaysia, Bertam (PPUSMB), the commonest head and neck cancer cases referred to palliative care team are lip and oral cavity cancer, followed by maxillary squamous cell carcinoma.

## CASE PRESENTATION

We have selected 10 cases of head and neck cancer that was referred to Palliative team from 2019 to 2022. The case consists of six tongue cancer, two maxillary sinus cancer and two lip cancer patients. The patients were between 38 to 79 years old age and at the advanced stage of cancer.

Throughout palliative care review on patients with advanced head and neck cancer manifest diverse range of physical symptoms.[3] **Table 1** showed summary of the 10 cases with the focus on opiod dose, nutritional support and burden of woundcare to the caretaker and nurse.

| Case | Age/ gender | Diagnosis | Dose of opiod (oral morphine mg equivalent) | Route of feeding | Wound |
|---|---|---|---|---|---|
| 1 | 53/male | Tongue Squamous cell Cancer with metastases to ribs | Total 660mg per day | Percutaneous gastrostomy (PEG) tube feeding since March 2021 | •Sloughy wound with necrotic patch over the neck and lower lips area developed after radiotherapy •persistent wet due to continuous saliva dripping to the wound •Required more than once per day dressing |
| 2 | 53/male | Locally advanced tongue Squamous cell Cancer | Total 80 mg per day | PEG tube feeding since July 2021 | •Unhealed ulcer with slough wound at floor of mouth due to recurrence of cancer •Persistent wet due to continuous salivary secretion to the wound •Required more than once per day dressing |
| 3 | 47/ female | Squamous call tongue cancer | Total 245 mg per day | PEG tube feeding since 2019 | •left buccal mucosa necrotic, sloughy wound with opening to the oral cavity and exposed bone •Persistent wet due to continuous salivary secretion to the wound •Easily bleed area •Required more than once per day dressing |
| 4 | 38/male | Tongue cancer with metastases to lungs | Total 40mg per day | PEG tube since 2019 | •Sloughy wound at base of tongue •persistent wet due to continuous salivary secretion to the wound •Required more than once per day dressing |
| 5 | 70/male | Tongue cancer | Total : 30mg per day | Nasogastric tube feeding | •Sloughy wound with necrotic patch over the neck and lower lips area developed after radiotherapy •Persistent wet due to continuous saliva dripping to the wound •Required more than once per day dressing |
| 6 | 79/ female | Lip carcinoma | Total : 10mg per day | Soft diet (orally) | •Ulcerative mass with raised and irregular border mass at right buccal •persistent wet due to continuous salivary secretion to the wound •Required more than once per day dressing |
| 7 | 74/male | Lip carcinoma | Total : 35mg per day | Soft diet (orally) | •a large fungating mass from the middle of gingivo-buccal sulcus of the upper lip ( midline) extending posteriorly to the edge of hard palate •Persistent wet due to continuous salivary secretion to the wound •Required more than once per day dressing |
| 8 | 48/male | Left tonsillar carcinoma with metastases to nodal and lung | Total : 180mg per day | Soft diet (orally) | •multiple skin nodules/rashes over upper chest, neck, lateral, face, bilateral ears, parotid •No dressing required |
| 9 | 40/male | Left maxillary sinus cancer with metastases to spine and lung | Total : 170mg per day | Soft diet (orally) | •Submandibular sinus tract to the oral cavity, with pus discharge and sloughy wound •Required more than once per day dressing |
| 10 | 45/male | Left maxillary sinus cancer | Total : 100mg per day | Nasogastric tube feeding | •Left facial necrotic and sloughy wound with invasion to oral cavity •Persistent wet due to continuous salivary secretion to the wound •Required more than once per day dressing |

Table 1: Summary of case presentation

## DISCUSSION

The most challenging pain symptom was during brachytherapy, radiotherapy session and pain from the non healing wound for all 3 types of cancer. The highest cumulative dose of opioids (oral morphine milligram equivalent) required was 660 mg morphine in 24 hours for a patient with tongue cancer.

With regards to the woundcare, most of the patients required frequent dressing. Most of the wound developed due to the cancer progression and after radiotherapy. Caretaker and nurse handling the wound faced challenges in finding the suitable type of dressing as most of the cases have non healing wound with excessive discharge and tendencies to bleed.

Most of the patient has difficulties to feed orally and PEG tube feeding or Nasogastric tube was the best option to maintain nutritional support although some caretaker struggled to keep up with feeding time and woundcare.

## CONCLUSION

Patients with advanced head and neck cancer manifest diverse range of physical symptoms and complex palliative care needs but pain control, wound care and nutritional support are the most challenging part to both caretaker and palliative care team .

## REFERENCES

1. 2. 3.