EVALUATION OF HEALTH-RELATED QUALITY OF LIFE with EORTC QLQ-C30 and QLQ-H&N35 in Romanian laryngeal cancer patients

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INTRODUCTION
The larynx plays a central role in coordinating the functions of the upper aerodigestive tract, including respiration, speech and swallowing. The larynx is the second most common site for squamous cell carcinoma in the head and neck [1].

The aims of this study were to evaluate the health related quality of life (HRQoL) according to type of surgery and adjuvant oncological treatment.

RESULTS
We included in the study 80 patients diagnosed and surgical treated for laryngeal/hypopharyngeal squamous cell carcinoma and 20 healthy volunteers. Median age of the patients was 59.00 years.

CONCLUSIONS
In our study we found statistically significant differences between patients with total laryngectomy and patients with partial laryngeal surgery.

The QLQ-H&N35 questionnaire discriminating better the problems between groups compared with QLQ-C30: however these two questionnaires should be used together, as it was intended by the specialists who created the questions for these questionnaires.

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DISCUSSION
Regarding the type of the treatment our data show that functional and symptom scales were worse in laryngectomees than previously resected tumors. The total laryngectomy influences the emotional, social contact, cognitive functioning, coughing, weight loss and feeding tube items. Unfortunately in our country laryngectomized patients returned after surgery due to the effects of the voice and physical handicap, although we observed more economic difficulties in the partial laryngectomy group whose return to working life.

We didn’t found significant statistical difference between types of surgical treatments groups according to the speech scale, a result that is in accordance with the study conducted by Susanne Singer et al [2]. The patients with total laryngectomy consider that their voice is not hoarse; because they have no voice; or they use the esophageal/electrolarynx.

The impact of association of radiation versus no adjuvant treatment showed statistically significant differences for dry mouth and sticky saliva in the irradiated group, because these are the effects of radiotherapy in the head and neck area. Paradoxically, those with partial laryngectomy had a higher score in dry mouth, Bindewald et al [4] levelled by Susanne Singer et al [2]. The patients with total laryngectomy consider that their voice is not hoarse; because they have no voice; or they use the esophageal/electro-

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