Rehabilitation in Head and Neck Cancer: A Case Report

Dr. Zainab Al Lawati, MD, MEd, FRCPC, FAAPMR

INTRODUCTION

Cancer Rehabilitation can be preventative, restorative, supportive, and palliative. The rehabilitation goals changes as the cancer pathway alter. Following any treatment for Head & Neck Cancer (HNC), physiatrist plays an essential role in preventing various complications and helping patients to mitigate impairments, and restoring function optimizing their quality of life.

.

CASE DESCRIPTION

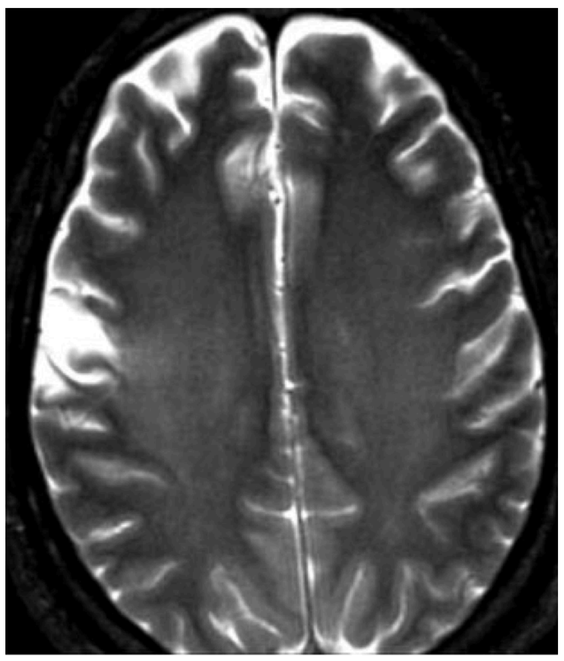
A 56y.o. male with squamous cell cancer of tongue managed with glossectomy, chemotherapy and radiotherapy and a remote history of Acute Myeloid Leukemia (AML) of central nervous system (CNS), presented with seizure and infective endocarditis with a 21 mm aortic valve vegetation and underwent sternotomy and aortic valve replacement (AVR). He was started on 6 weeks of IV antibiotics. Post-op course was complicated by sternal infection, bradycardia with agonal breathing and a weak pulse. The patient underwent cardiopulmonary resuscitation CPR and achieved return of spontaneous circulation (ROSC) and was re-intubated and managed with antibiotics. He had a tracheostomy placed and undergone aggressive pulmonary toileting and suctioning in acute care. As the patient was stabilized he was transferred to in patient rehabilitation.

While being in the in-patient rehabilitation unit cancer rehabilitation issues were addressed including swallowing, pulmonary rehabilitation, upper extremity deep venous thrombosis prophylaxis, infection management, bowel and bladder issues, skin care and mental status evaluation. His cancer prognosis and future plans were discussed with his oncologist. He was discharged with palliative care plan

DISCUSSION

Malignancies of the tongue represent one of the greatest management challenges for physicians, because of the adverse effects of treatment on oral and pharyngeal function, the long term effects on quality of life, and the poor prognosis of advanced disease. Management plan is tailored by the functional and cosmetic outcomes anticipated and the availability of the particular expertise.

Rehabilitation in oropharyngeal cancer is an art. It involves cancer related active issues, challenges from cancer management and prevention of future complications. Addressing speech and dysphonia with communication strategies is vital to be able to comprehend patients' needs.



Axial T2-weighted showing post-anoxic leukoencephalopathy

Swallowing might be directly affected by the tumor invasion in case of advanced disease or indirectly by radiotherapy or chemotherapy. G-tube is advised early on to meet high nutritional demands and prevent cachexia and deconditioning. Breathing is quiet vital and it might get impaired directly or indirectly. The most alarming presentation is stridor. The decision of tracheostomy is to be determined by Ear-Nose and throat specialist (ENT) and that would depend on future therapies and tumor stage.

Physiatrist also manage associated conditions that can rise during rehabilitation process such as cancer related fatigue, pain, lymphedema, trismus, xerostomia, musculoskeletal and neuropathological problems that are related to radiotherapy and chemotherapy.

CONCLUSION

This report illustrates the significance of Physiatry involvement in management of cancer patients as most cancer patients experience some deconditioning that results in physical challenges. As the prognosis for most types of cancers improves, it becomes more important to ensure that all cancer patients regain maximum function in the broadest sense to maximize their independence.

REFERENCE

Cancer of the Tongue - Cancer Stat Facts. . Retrieved from https://seer.cancer.gov/statfacts/html/tongue.html

Oral Cancer Facts. . (2019).

Watkinson JC, G. M., Wilson JA (2000). *Stell and Marans head and neck surgery* (Vol. 4th): Reed Educational and Professional Publishing Ltd.

Ridge JA, L. W., Patel SG, et al. (2017). *American Joint Committee on Cancer Staging Manual* (8th ed.): Springer.

Murthy, S., Low, T.-H. H., Subramaniam, N., Balasubramanian, D., Sivakumaran, V., Anand, A., … Iyer, S. (2018). Validation of the eighth edition AJCC staging system in early T1 to T2 oral squamous cell carcinoma. *Journal of Surgical Oncology, 119* (4), 449–454. doi:10.1002/jso.25348

Lip and Oral Cavity Cancer Treatment (Adult) (PDQ®). Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK65821/#CDR0000062930__53