

GLOSSECTOMY: FUNCTIONAL ASPECTS AND FEEDING

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INTRODUCTION

Cancer represents one of the leading causes of morbidity and mortality worldwide and is currently the second leading cause of death in Brazil. Oral cavity cancer is the eighth most common cancer in the world, Brazil is the fifth most common among men and the 12th most frequent among women, with squamous cell carcinoma being the most common histological type. Individuals over 50 years of age are the most affected, with the tongue and buccal floor being the site of greatest incidence. The treatment of tongue cancer usually involves surgical resection of the lesion, which can cause functional changes in swallowing and phonation of the patients submitted to it. These changes can be manifested by broncho-aspiration or swallowing disorders.

OBJECTIVES

Describe and evaluate the prevalence of characteristics of feeding disorders (dysphagia), of patients submitted to glossectomy, analyzing the association between feeding disorders, and demographic, clinical and oncological treatment characteristics.

METHODS

Cohort study in patients with diagnosis of tongue cancer submitted to glossectomy. A total of 324 patients enrolled in INCA were retrospectively selected for the research, in the period from January 2004 to October 2015. The functional impacts of oral intake were considered as outcomes (dysphagia) after surgical resection of tongue cancer, as reported in medical records and determined according to the Functional Oral Intake Scale (FOIS). To evaluate the factors associated with the outcome, univariate logistic regression was performed, the variables with $p < 0.20$ were selected for modeling through multiple logistic regression by the method Stepwise Forward, being retained in the final model the variables with $p < 0.05$. This research followed the established norms for research in humans contained in Resolution 466/12, and was approved by the ethics committee of the National Cancer Institute (INCA) under the CAAE: 47993615.5.0000.5274.

RESULTS

Male patients were the most affected by tongue cancer (60.8%). The mean age was 60.76 years SD (13.94). Most patients (59.9%) declared themselves to be White, and 56.5% had some kind of marital relationship at the time of diagnosis. With regard to modifiable risk factors, 63.9% of the patients declared themselves to be alcoholics or ex-alcoholics, regarding smoking 69.5% were smokers or former smokers at the time of diagnosis. As for the pathological stage, 39.8% of the patients were in an advanced stage. Patients presented increased frequency of severe and moderate dysphagia in the postoperative period closer to one year (severe dysphagia 18.2%, moderate dysphagia 31.5%). And reduced frequency of mild dysphagia, and absence of dysphagia (mild dysphagia 11.1%, absence of dysphagia 39.2%), when compared to the preoperative period. In the multiple analysis, the factors associated with FOIS worsening were: advanced stage of tongue cancer (OR=1,91; IC 95% 1,20-3,03; $p=0,006$) and patients without partners (OR=1,60; IC 95% 1,01-2,52; $p=0,043$).

CONCLUSION

We found an increase in the frequency of severe and moderate dysphagia, and reduced frequency of mild dysphagia and absence of postoperative dysphagia. Patients without partners and those with advanced pathological staging had a higher risk of dysphagia.