

EVOLUTION AND PROGNOSIS OF JUVENILE NASOPHARYNGEAL CARCINOMA: results from of a study on 68 children in Salah Azaiz Institute in Tunisia

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Abstract

Introduction: Juvenile nasopharyngeal carcinoma (NPC) is relatively common in Tunisia. The classification and treatment of NPC have been impacted by the increased rate of early diagnosis and advances in imaging techniques over time. The objective of our work was to study the epidemiological, clinical, therapeutic and evolutive aspects of juvenile NPC during the period between January 2004 and December 2014.

Methods: Our study was retrospective done on 68 patients younger than 18 years old with a CNP treated at Salah Azaiez Institute between January 2004 and December 2014. Patients with histological cavum cancer other than undifferentiated carcinoma (UCNT type) or poorly differentiated carcinoma were excluded. All our patients had a clinical and paraclinical assessment allowing staging of the tumor according to the TNM 2010 classification. The study of survival and prognostic factors was done after a descriptive analysis. These prognostic factors were studied in uni and multivariate analysis. The chosen significance level was 0,05.

Results: The median age of our patients was 14,7 years with a sex ratio of 2. The average consultation delay was 4 months. Rhinological signs were the most frequent reason for consultation. According to 2010 TNM classification, T3-T4 tumors accounted for 78% of all cases and nodal involvement was classified as N2-N3 in 63% of patients. Non-metastatic patients had radiotherapy (on the cavum and lymph nodes areas) associated (differently) with chemotherapy in 97% of cases. For metastatic patients, the treatment consisted of radiotherapy contracted on bone metastasis and first chemotherapy and radiotherapy (+/- concomitant chemotherapy) on the primitive and lymph nodes areas. After an average follow-up of 94 months, 78% of our patients were alive and in complete remission, 19% were in therapeutic failure with 16% of metachronous metastases. The overall survival at 5 years in the absence of therapeutic failure was 95% and that in the presence of therapeutic failure was 30%. Late toxicity was dominated by hyposialia and dystrophic complications.

Conclusion: Treatment of NPC is based on the combination of chemotherapy and radiotherapy. However, metastatic relapses are a common mode of failure. High radiotherapy doses are associated with excellent local control rates with increased late sequelae. Innovative radiotherapy techniques, including conformal radiotherapy with or without intensity modulation, are promising and could overcome toxicity problems while maintaining an excellent local control rate.

Key-words : Nasopharyngeal carcinoma, Child, Prognosis, Survival

Country or Int. Organization

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