

QUALITY OF LIFE IN INDIVIDUALS DIAGNOSED WITH LARYNX TUMOR

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Abstract

Malignant neoplasm of the larynx (C32), has clinical-stage depending on the tumor (T) and the region of involvement of the larynx. Evaluating the quality of life of those individuals makes it possible to understand how the chosen method of the speech rehabilitation interferes with the aspects of the life of those individuals. The objective of this research is analyze global and voice-related quality of life in individuals diagnosed with a laryngeal tumor.

Key words:

Larynx, carcinoma, quality of life.

Introduction

Malignant neoplasm of the larynx (C32) has clinical stage depending of the tumor (T) and the region of involvement of the larynx. T3 and T4 tumors present as clinical manifestation: hoarseness, pain, dysphagia, obstruction of the airways and reduced tongue mobility¹. Treatment may be surgical and / or associated radiotherapy or not to chemotherapy². The speech-language pathologist is present from the pre-surgical rehabilitation, helping to reestablish communication³. To evaluate the quality of life of these subjects understand how to choose the method of speech-language rehabilitation interferes in the life aspects of these subjects⁴.

Results and Discussion

35 participants were invited (29 men and 6 women), exclusively diagnosed with T3 tumor and larynx T4. Characterization data of the sample and related to speech-language intervention were collected. In addition, the respondents answered two specific questionnaires on quality of life: SF-36 and EORTC QLQ-C30, as well as a specific questionnaire on vocal disadvantage was applied - Vocal Handicap Index.

Chart 1. Distribution of participants

Genre	Number	Average Age	Standart Deviation
Male	29	61,75	8,31
Female	6	59	6,72

All participants underwent Total Laryngectomy surgery.

Chart 2. Characterization of the sample

Genre	Tumor T3	Tumor T4	Total
Males	17	12	29
Females	1	5	6
Total	18	17	35

The mean total score of the IDV protocol was 43.89 for men and 39.33 for women, with a greater vocal disadvantage in males, in their total score.

In the SF-36 protocol, a mean score of 93 was obtained for men and 108.53 for women, demonstrating that there is a greater perception about the vital state of the participants in the female, being well marked in all domains and also in the score total, demonstrating a better quality of life for the female sex than for the male sex

The EORTC QLQ-C30 protocol obtained a mean score of 58.08 for men and 60.51 for women, demonstrating a better quality of life among women.

Conclusions

The results indicate that although they perceive little voice disadvantage, even in adverse conditions for communication, overall quality of life is greatly affected, as well as the perception of the neoplasia from the point of view of the affected subject

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