

Cross-sectional study on health-related quality of life among nasopharyngeal cancer survivors in Hospital Melaka, Malaysia

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ABSTRACT

Introduction: We assessed health-related quality of life (HRQOL) of nasopharyngeal carcinoma (NPC) survivors and analysed its factors influencing HRQOL from a single centre in Malaysia. **Methods:** Patients with diagnosis of NPC who completed treatment with a minimum of 6 months follow up were conveniently sampled from July 2019 to July 2020. They were asked to complete European Organisation for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire QLQ-C30 (version 3.0) and Head & Neck cancer module QLQ-H&N 35. All the scales and single-item measures range from 0-100. Higher scores represent higher response levels. Higher score for symptoms scale indicates higher symptoms. Mann-Whitney U nonparametric tests were used for comparisons. Spearman correlation coefficient was used to analyse factors influencing HRQOL. **Results:** 35 patients with a median age of 62, range of 11-79 years completed the questionnaires. Majority of the patients were Stage III 14(40%), followed by Stage IV 8(22%), Stage I 7(20%), and Stage II 6(17.1%). Median years of follow up was 4 years and 3 months with a range of 1-year 4 months to 18 years. Median HRQOL is 75 with IQR 16.67. Median HRQOL is significantly worse in Late stage (III & IV) 66.67 IQR (10.42) compared to Early stage (III & IV) 91.67 IQR (16.67) ($p<0.001$). Factors influencing HRQOL are dyspnoea ($p<0.001$), dry mouth ($p<0.001$), emotional functioning ($p<0.001$), swallowing ($p<0.001$), speech ($p<0.05$), nausea & vomiting ($p<0.05$). Median scores of 66.67 for sticky saliva and dryness were the highest rated symptoms. Intensity-modulated radiation therapy (IMRT) produces less scores of xerostomia 54.9 compared with 2D/3D conventional radiotherapy 70.37 ($p<0.05$). **Conclusion:** Overall HRQOL among NPC survivors in Melaka was good. Early stage produced better HRQOL. IMRT produced less xerostomia. Holistic care with particular attention to oral care and psychological support need to be given to NPC survivors.

OP-02

Pectoralis major myocutaneous flap in head and neck reconstruction by Otorhinolaryngology surgeon: Our experience and its outcome

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ABSTRACT

Introduction: The pectoralis major myocutaneous flap (PMMF) plays an important role in head and neck reconstruction surgery even though free flap is gaining its popularity in this era. This paper aimed to evaluate the outcomes of PMMF in head and neck reconstruction done by the Otorhinolaryngology Department in a tertiary center in Malaysia. **Method:** A retrospective review of medical records of patients underwent PMMF reconstruction from June 2019 to June 2020 was conducted. The demographic data, indication for operation, history of prior treatment, operating time and complications are evaluated. **Results:** A total of 8 reconstructions with PMMF were performed, consisting of 7 men and 1 woman. Six had primary reconstruction done and 2 had emergency reconstructive surgery with PMMF. Three patients had a history of radiotherapy. Mean operating time for primary reconstructive surgery after tumour excision was 433 minutes and emergency operation was 245 minutes. Complications occurred in 4 patients; 3 had surgical site infection, 1 had haematoma over recipient site. **Conclusion:** PMMF is a versatile flap with good survival rate in head and neck reconstruction surgery either for primary or emergency operation. Mastering the technique is beneficial especially in a center with limited resources.