

## Editorial Note on Cancers of the Head and Neck

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### Editorial

Cancers that are known collectively as head and neck cancers usually begin within the squamous cells that line the mucosal surfaces of the top and neck (for example, those inside the mouth, throat, and voice box). These cancers are mentioned as epithelial cell carcinomas of the top and neck. Head and neck cancers also can begin within the salivary glands, sinuses, or muscles or nerves within the head and neck, but these sorts of cancer are much less common than squamous cell carcinomas. Cancers of the head and neck can form in the: Oral cavity: Includes the lips, the front two-thirds of the tongue, the gums, the liner inside the cheeks and lips, the ground (bottom) of the mouth under the tongue, the hard palate (bony top of the mouth), and therefore the small area of the gum behind the wisdom teeth [1-3]. Throat (pharynx): The pharynx may be a hollow tube about 5 inches long that starts behind the nose and results in the esophagus. It has three parts: the nasopharynx (the upper a part of the pharynx, behind the nose); the oropharynx (the middle a part of the pharynx, including the taste bud [the back of the mouth], the bottom of the tongue, and therefore the tonsils); the hypo pharynx (the lower a part of the pharynx) [4]. Voice box (larynx): The larynx may be a short passageway formed by cartilage slightly below the pharynx within the neck. The voice box contains the vocal cords. It also features a small piece of tissue, called the epiglottis, which moves to hide the larynx to stop food from entering the air passages.

Para nasal sinuses and nasal cavity: The Para nasal sinuses are small hollow spaces within the bones of the top surrounding the nose. The cavity is that the cavity inside the nose [5, 6]. Salivary glands: The major salivary glands are in the floor of the mouth and near the jawbone. The salivary glands produce saliva. Minor salivary glands are located throughout the mucous membranes of the mouth and throat. Cancers of the brain, the eye, the esophagus, the thyroid, and therefore the skin of the top and neck aren't usually classified as head and neck cancers [7]. If a squamous cell carcinoma of the head and neck is going to spread, it almost always does so locally and/or to the lymph nodes in the neck. Sometimes, cancerous squamous cells are often found within the lymph nodes of the upper neck when there's no evidence of cancer in other parts of the top and neck, possibly because the first primary tumor is just too small. When this happens, the cancer is named metastatic epithelial cell carcinoma with unknown (occult) primary. More information about this cancer type can be found in the Metastatic Squamous Neck Cancer with Occult Primary (PDQ) cancer treatment summary.

Alcohol and tobacco use (including secondhand smoke and smokeless tobacco, sometimes called "chewing tobacco" or "snuff") are the 2 most vital risk factors for head and neck cancers, especially cancers of the oral cavity, hypo pharynx, and voice box. People who use both tobacco and alcohol are at greater risk of developing these cancers than people that use either tobacco or alcohol alone. Most head and neck squamous cell carcinomas of the mouth and voice box are caused by tobacco and alcohol use [8]. Infection with cancer-causing types of human papillomavirus (HPV), especially HPV type 16, is a risk factor for oropharyngeal cancers that involve the tonsils or the base of the tongue. In the us, the incidence of oropharyngeal cancers caused by HPV infection is increasing, while the incidence of oropharyngeal

cancers associated with other causes is falling. About three-quarters of all oropharyngeal cancers are caused by chronic HPV infection. Although HPV are often detected in other head and neck cancers, it appears to be the explanation for cancer formation only within the oropharynx. The reasons for this are poorly understood.

Other known risk factors for specific cancers of the top and neck include the following:

Paan (betel quid). The use of paan (betel quid) within the mouth, a standard custom in Southeast Asia, is strongly related to an increased risk of mouth cancers [9]. Occupational exposure: Occupational exposure to wood dust may be a risk factor for nasopharyngeal cancer. Certain industrial exposures, including exposures to asbestos and artificial fibers, are related to cancer of the larynx, but the rise in risk remains controversial. People working in certain jobs in the construction, metal, textile, ceramic, logging, and food industries may have an increased risk of cancer of the voice box. Industrial exposure to wood dust, nickel dust, or formaldehyde is a risk factor for cancers of the Para nasal sinuses and nasal cavity. Radiation exposure: Radiation to the top and neck, for noncancerous conditions or cancer, may be a risk factor for cancer of the salivary glands.

Epstein-Barr virus infection: Infection with the Epstein-Barr virus may be a risk factor for nasopharyngeal cancer and cancer of the salivary glands [10]. Ancestry: Asian ancestry, particularly Chinese ancestry, is a risk factor for nasopharyngeal cancer. Underlying genetic disorders. Some genetic disorders, such as Franconia anemia, can increase the risk of developing precancerous lesions and cancers early in life.

### Acknowledgement

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### Conflict of Interest

None

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