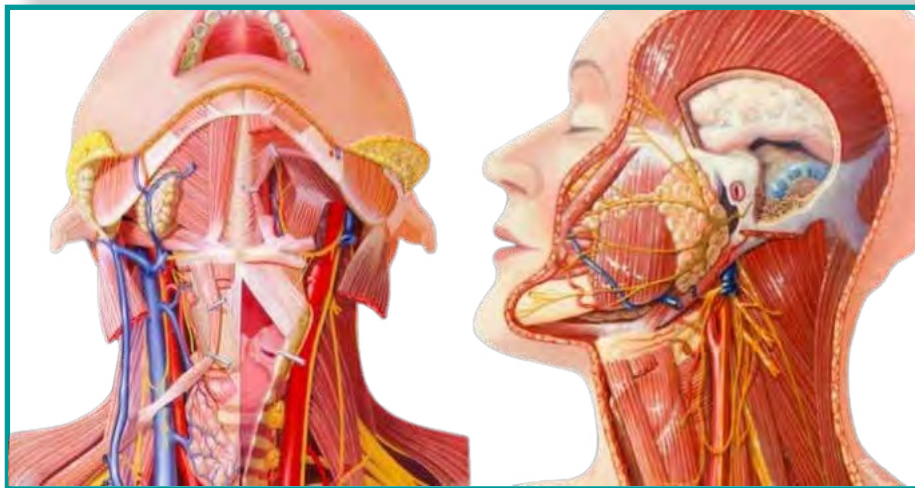




ENT CENTRAL

HEAD & NECK



DR *Naveed* BASHEETH

EAR, NOSE, THROAT, HEAD & NECK, FACIAL PLASTIC SURGEON

CONDITIONS OF THE HEAD & NECK

Conditions affecting the head and neck can encompass a wide range of medical issues ranging from neck lumps like thyroid nodules and salivary gland conditions to cancer. Treatment and management depend on the specific condition and may involve medical, surgical, or rehabilitative interventions.



NECK LUMPS

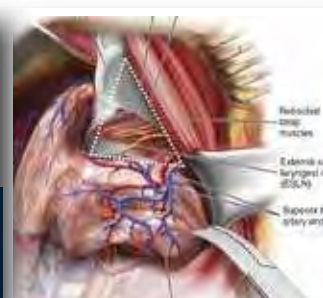
Neck lumps can arise from various structures within the neck. Children and young adults are most likely to encounter inflammatory and congenital lumps. Traits that help distinguish one lump from another are size, edge, consistency, colour, attachment, transillumination, pulsation, tenderness and nodes. Lumps could be indications of the following disorders:



A. THYROID NODULE

These lumps are solid or fluid-filled growths within the thyroid gland characterised by their location which is usually in the midline of the neck or slightly to one side. They may be solitary or multiple and of varied consistency (solid, cystic, or mixed).

Some nodules, like adenomas or colloid nodules, are benign while others, malignant, like Thyroid Cancer (papillary, follicular, medullary, anaplastic).



B. LYMPHADENOPATHY

The enlargement of lymph nodes can occur due to inflammatory, infectious, or malignant causes. They are typically bilateral and multiple and are often soft and mobile, unless associated with inflammation or infection. Its causes may be infectious (viral/bacterial), inflammatory (like rheumatoid arthritis or sarcoidosis), or malignant.



C . CYSTS

Cysts on the neck are fluid-filled sacs that can develop in various structures in the area. These are normally soft, fluctuant in size and painless, and are often mobile. Branchial Cysts arise from remnants of embryonic branchial arches, while Thyroglossal Duct Cysts arise from remnants of the thyroglossal duct. Other variations include Dermoid Cyst, Epidermoid Cyst and Haemangioma.



D. SALIVARY GLAND CONDITIONS

Sialadenitis is the repeated enlargement of the salivary glands due to some obstruction in the salivary duct system caused by stone or stricture (narrowing of the duct). This distinct type of enlargement associated with eating and drinking is most common in the parotid and submandibular glands. When salivary flow of gland slows down, it gets repositied to form stone which will cause swelling and pain in the gland, called Sialolithiasis (salivary stones). The parotid gland is more prone to a generalised swelling called Sialosis/Sialdenosis.

A ranula is a type of cyst that forms under the tongue due to a blocked or damaged salivary gland. Some autoimmune salivary gland disorders like Sjögren's Syndrome and Juvenile Recurrent Parotitis can also cause swelling.

Salivary gland disorders can be diagnosed and treated effectively through sialendoscopy which is a minimally invasive and non-traumatic surgical procedure. Dr Naveed Basheeth, member and alumnus of the International Sialendoscopy Society (iSIAL), is the founder of the second sialendoscopy unit in New Zealand. He has been performing this advanced procedure for the past five years.



E. SALIVARY GLAND TUMOURS

The enlargement or tumours arising from the salivary glands (parotid, submandibular, sublingual) are typically unilateral and located near the jawline or beneath the ear. These lesions may be associated with pain or facial nerve weakness (if involving the facial nerve). Benign causes could be pleomorphic adenoma or Warthin's tumour while malignant ones include mucoepidermoid carcinoma or adenoid cystic carcinoma.



ALL THE ABOVE CONDITIONS OF THE HEAD AND NECK CAN BE MANAGED EFFECTIVELY THROUGH THOROUGH INVESTIGATION AND APPROPRIATE SURGICAL INTERVENTION.

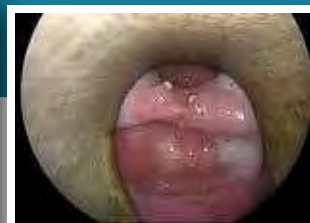
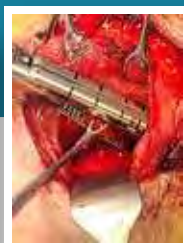
DR NAVEED BASHEETH & DIFFERENTIAL DIAGNOSIS APPROACH

To determine the nature of a neck lump, Dr Naveed Basheeth employs a comprehensive diagnostic approach that includes medical history and physical examination by assessing the various features of the lump like its size, location, consistency and mobility. Imaging techniques like flexible endoscopy, ultrasound, fine needle biopsy, CT and MRI scans are often necessary for further evaluation. Based on the investigation results, the lump will typically be classified as benign, possibly malignant or cancerous. Malignant lumps require further treatment planning, which may involve surgery, radiation therapy, chemotherapy, or a combination thereof.

This systematic approach ensures a comprehensive evaluation of neck lumps, providing accurate diagnosis and guiding appropriate management strategies based on the specific findings. An appropriate referral to specialists (e.g. otolaryngologist-head and neck surgeon) is crucial for accurate diagnosis and management planning.

PHARYNGEAL POUCH

A medical condition called Zenker's Diverticulum, commonly known as a pharyngeal pouch, can form at the junction of the throat and oesophagus, trapping food, and causing a swallowing difficulty (dysphagia). As part of his subspeciality interest, Dr Naveed Basheeth has been treating patients with pharyngeal pouch via either endoscopic stapling or excision of the pharyngeal pouch through open approach, subject to indications.



HEAD & NECK CANCER

Cancers of the head and neck region encompass a diverse range of malignancies. They are oral, oropharyngeal and nasopharyngeal cancers; and others including cancer of the voice box (larynx), hypopharyngeal cancer and upper oesophageal cancer. Skin cancer carcinoma of unknown primary (CUP) can also metastasise from the skin to the head and neck regions.

Cancer symptoms can severely impair essential functions like eating, swallowing and breathing. Moreover, as tumours grow larger, they become increasingly life-threatening. Early detection is crucial for effective treatment and maintaining good health.

A. ORAL CANCER

Oral cancer, also known as mouth cancer, is the most common type. It primarily occurs in individuals aged 60 and above affecting various parts of the mouth, including the lips, tongue, palate, cheeks and jaw. Cancer of the oral cavity typically manifests as an ulcer, white patch or lump inside the mouth. If left untreated, oral cancer has the potential to spread to other areas in the oral cavity, as well as to other regions.



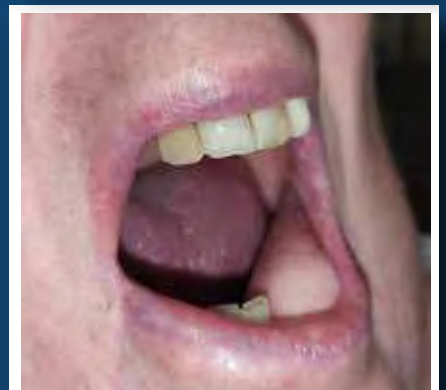
B. THROAT (OROPHARYNGEAL) CANCER

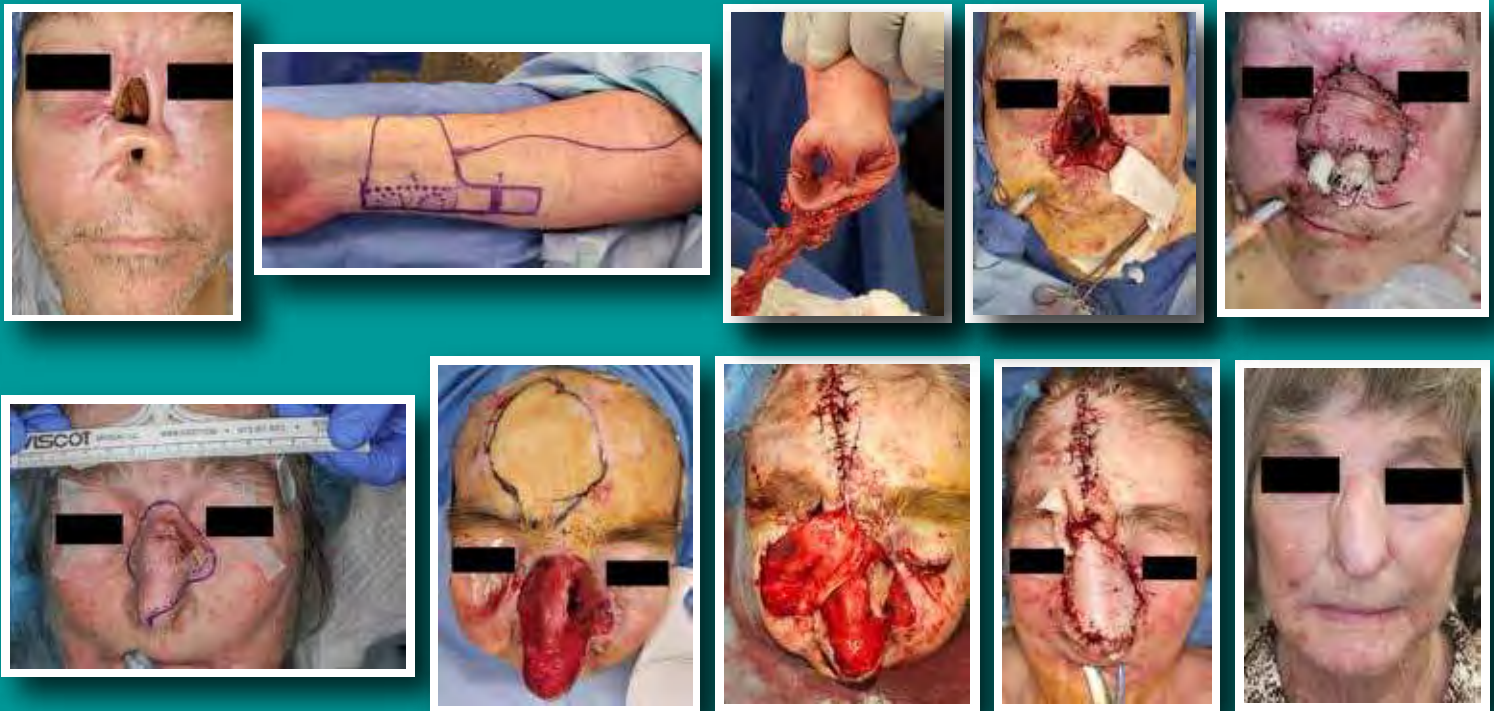
Malignancies can originate in various parts of the throat, including the pharynx and larynx, and has the potential to spread to adjacent structures. The most common is tonsil cancer. It can also occur in other areas such as the gums, floor of the mouth, and other parts of the oropharynx. Symptoms of oropharyngeal cancer can mimic those of less severe medical conditions warranting early investigation for better prognosis.



REGIONAL & FREE FLAP RECONSTRUCTION

The surgical ablative procedures mentioned above will invariably create complex 3D defects which can be reconstructed with pedicled local/regional flaps or free flaps. This complex microsurgical technique transfers tissue from one part of the body (donor site) to another (recipient site) to reconstruct defects resulting from cancer surgery or trauma, in the head and neck region.





DR NAVEED BASHEETH AND HEAD & NECK CANCER SURGERY

Dr Naveed Basheeth has completed fellowship training specifically in Head and Neck Cancer Surgery, ensuring expertise in the latest surgical techniques and oncological principles. Through specialised training, collaborative care, and a multidisciplinary approach, surgeons like Dr Basheeth ensure comprehensive and personalised care for patients facing these challenging conditions.

SURGICAL MANAGEMENT

Every patient needs to be aware of their options for surgical management of head and neck lumps and tumours. It may involve a wide resection of the tumour but may also include one or more of the following:

- Hemi/Partial/Total Glossectomy
- Marginal/Hemi/Segmental/Extended Mandibulectomy
- Medial/Total Maxillectomy
- Cranio Facial Resection + Orbital Exenteration
- Lateral Temporal Bone Resection
- Parotidectomy +/- Facial Sacrifice + Facial Reanimation Procedures
- Submandibular Excision
- Selective/Modified Radical/Radical Neck Dissection
- Transoral Laser Resection of Tongue, Palate & Laryngeal Lesions
- Partial/Total Laryngectomy
- Hemi/Total Thyroidectomy +/- Central Compartment Neck Dissection
- Transoral Robotic Surgery (TORS) for Oropharyngeal Cancer/Tongue Base Mucosectomy for unknown primary with Neck Dissection

NECK DISSECTION

This surgical procedure aims at removing groups of lymph nodes from the neck to treat cancer that has either spread or has the potential to spread from its primary site in the head and neck. They are performed when neck lymph nodes are likely or confirmed to be part of the cancer.



HEAD AND NECK RECONSTRUCTION

Surgical procedures to remove head and neck cancers, benign tumours, and severe facial and neck trauma often create substantial defects that significantly affect both appearance and function. Enhancing functional and aesthetic outcomes for patients has been made easy in recent times, thanks to the advancement in reconstruction using the patient's own tissue (autologous tissue).

DR NAVEED BASHEETH & RECONSTRUCTION SURGERY

Dr Naveed Basheeth performs ablative head and neck surgical procedures with reconstruction at Crest Hospital. In addition, Dr Basheeth has been performing a specialised technique called Trans-Oral Robotic Surgery (TORS) for oropharyngeal/ tonsil cancer and cancer of the unknown primary (CUP) presenting with neck lumps, at Southern Cross North Harbour Hospital, Auckland, as a minimally invasive management of certain head and neck cancers.



DR *Naveed* BASHEETH

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Fellowships:

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Advanced Head and Neck Microvascular Reconstruction, Robotic Surgery and Advanced Facial Plastic Surgery (Dalhousie University, Halifax, NS, Canada).

ENT Central, Crest Hospital, Central Healthcare,
Palmerston North, New Zealand

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