Chapter II

LARYNX ICD-10 C32

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Incidence

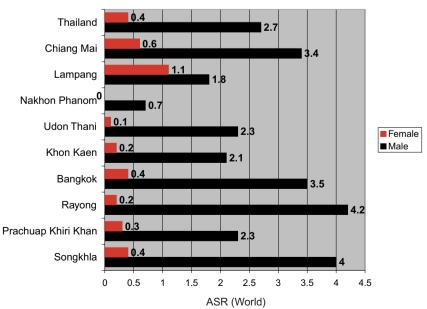
In Thailand during the period 1998-2000, carcinoma of the larvnx has the age standardized incidence rate per 100 000 populations at 2.7 for males and 0.38 for females (Figure 2.10.1). The disease mainly affects the middle aged or older. The sex ratio between male and female is 7:1. The incidence rate in many registry sites are not much different except for Nakhon Phanom, that is quite low (0.6 for male and 0 for female). It may be due to the disease hasn't been diagnosed. About two third of the disease were histological verified and one third were clinically diagnosed. The peak age incidence is at 75 years old and over. There are only a few cases under 25 years (Figure 2.10.2), only 4% came from the death certificates.

Risk factors

The laryngeal cancer rarely occurs in people who never smoke. The cases were those older men who have smoked cigarette and

consumed excessive alcohol (Lowry, 1975). The male to female incidence ratio has dropped from 15:1 to less than 5:1 in 2004 in the USA (Jemal, et al., 2004). This has been hypothesized that women obtaining an equal place in the toxic work environment and participating in what has become a more socially acceptable act of public cigarette smoking. It reverse in Chiang Mai, Thailand, the study in 1976-1979 the sex ratio for male to female was 3:1 (Sumitsawan, et al., 1985) and in 1998-2002 it was 7:1. The explanation is the Northern Thai females in the present smoked less than in the former period. For the site of laryngeal cancer, alcohol is more significant in supraglottic cancer than in glottic cancer (Ramadam, et al., 1982). Multifactorial etiology were proposed as a model that involves tobacco, environmental factors, alcohol, gastric reflux, viral activation, dietary deficiency and altered host immunity (Kaufman, et al., 1997).

Figure 2.10.1 Larynx cancer in different regions, 1998-2000



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Figure 2.10.2 Age-specific incidence rates of larynx cancer, 1998-2000

