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## EXPANDING HORIZON IN THE FIELD OF HEAD AND NECK SURGERY IN DEVELOPING COUNTRIES

The health stage of developing countries has been dominated by communicable diseases, such as HIV infection, Malaria and TB and the issues of maternal and child birth. As a result Head and Neck disorder have received little attention, despite being major public health concerns. Head and neck cancer is a major problem in poorer countries where tobacco and alcohol consumption is on the increase. Disease often presents at a late stage and there are economic barrier to diagnosis and treatment.

More than 50 % of world's population resides in developing countries. Those countries also harbors the majority of cancer patients and predictions indicates that by 2030 it will account for 70% of newly diagnosed cancers, however, it accounts for only 5% of global cancer spending. Developing countries are facing "cancer tsunami" because of communicable disease control improvements which resulted in increased life expectancy, changing social habit associated with affluence. The cancer fatality rate is about 75% in low income countries as opposed to 45 % in high income countries.

The shortage of medical staff in developing countries is a major limiting factor for effective delivery of health care. Non-government organizations have invested heavily in combating infectious disease such as TB, Malaria and HIV and there has been little investment in non communicable disease.

Head and Neck cancers are not uncommon with approximately 6,40,000 new cases resulting in 3,50,000 deaths annually world wide. The Head and Neck region requires special anatomical, functional and cosmetics consideration. Therefore, a multidisciplinary approach is

required, involving ENT, Head and Neck, Maxillofacial, Plastic and reconstructive surgery, as well as radiation oncology, neurosurgical radiology, pathology and ophthalmology. For long time, Head and Neck surgery practice in a developing countries has lagged behind the modern standards mainly due to lack of expertise in the field as well as inadequate support from other specialties such as speech therapy, reconstructive surgery and radiation oncology.

Still due to lack of Head and Neck surgeon in developing countries, Head and Neck conditions have been managed by general surgeons without any specific Head and neck training. ENT surgeon still simply diagnose Head and Neck malignancies and then pass patients on to the radiation oncologist for definitive management. These approaches has several disadvantages like there is inadequate or inappropriate assessment and management protocols, since similar conditions are managed by different specialties. But these disadvantages can be largely overcome by establishing multidisciplinary Head and Neck surgical services.

The ideal multidisciplinary Head and Neck team will include Head and Neck surgeons, plastic and reconstructive surgeons, maxillofacial surgeons, anaesthesists, medical and radiation oncologists, pathologists, oncology nurses, nutritionists, speech and language pathologists, oncology social workers, physiotherapists and occupational therapists. ENT community must lobby government, NGO's and World Health Organization to raise awareness and to take initiative to invest in the treatment of ENT related non communicable diseases.



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