

Is there a link between Total Laryngectomy and Male Genital System?

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ABOUT THE STUDY

Laryngeal cancer is one of the recognized head and neck cancers, which are physically classified as supraglottic, glottic, and subglottic cancers. Different treatments, such as hemilaryngectomy, total laryngectomy, chemotherapy, radiation, or a mix of surgery and chemo-radiotherapy, will be done depending on the tumour size and various impacted laryngeal sections. In the early phases of malignancy, hemilaryngectomy is advised. (T1 through large T2). Some of the larynx and underlying thyroid tissue will be taken during this procedure.

This technique preserves the three major functions of the larynx: respiration, swallowing, and phonating. However, in the case of total laryngectomy, which is advised in advanced laryngeal cancer, the larynx is completely removed, and the airway is completely blocked; thus, breathing is done through a tracheal stoma. Finally, the superior and inferior portions of the airway will separate completely, resulting in irreversible loss of speech and scent, poor living quality, and problems with social interactions, self-esteem, and sexual behaviour.

Apart from the vocal loss and swallowing difficulties associated with complete laryngectomy, which have been addressed in numerous studies, sexual problems that may be caused tangentially by mood disorders are an important issue that deserves particular attention. According to a 2016 research, melancholy and anxiety are the two most prevalent reasons of problems in self-esteem and sexual performance in patients who have had a complete or partial laryngectomy. Another research on patients who had laryngeal and hypopharyngeal cancer treatment found that they had less sexual pleasure. This is primarily due to post-operative depression in patients, which causes loss of hearing and speaking ability. Despite numerous studies in this field, the overwhelming majority of men, particularly in Asian cultures, do not discuss the issue and, as a result, do not seek a remedy.

As a result, the research focuses on sexual issues in males who have had complete laryngectomy. It has been established that the quality of life in complete laryngectomy patients is significantly lower than in the general community. Among the variables examined in terms of quality of life, sexual functioning, which is

significantly influenced by total laryngectomy, must be addressed. The earlier research, which included 21 patients who had undergone complete laryngectomy, discovered sexual issues, particularly in the areas of erectile function, sexual desire, and intercourse pleasure. The unstructured conversation, conducted about five months after the operation, revealed a feeling of social isolation as a result of the lack of verbal contact with others. This resulted in some melancholy and sorrow in total laryngectomy patients. According to the findings of two separate studies performed in 2005 and 2010, males with chronic tracheostomy experience varying degrees of melancholy and sexual dysfunction. It has been established that psychological factors have a significant impact on sexual performance in complete laryngectomy patients. The primary predictors of anxiety and depression are loss of speech and communication disorders, which may cause these patients to withdraw from others and exist in a world of seclusion due to despair and poor self-esteem in depressed patients.

A research on two sets of individuals with laryngeal cancer was conducted in the Netherlands in 1995. According to the findings of the aforementioned research, problems such as melancholy, anxiety, and sexual dysfunction were considerably more severe in complete laryngectomy patients. Furthermore, women experienced far more difficulties, particularly in psychological adjustment issues such as sexuality and appearance. According to a 2008 research, more than half of the subjects experienced a substantial decrease in sexual enjoyment. However, only 60% of respondents thought it was a significant issue, with the remainder believing that speaking and swallowing issues were more crucial. Aside from the impressive findings obtained; the previous research has some limitations, such as a relatively small sample size. Furthermore, no proof of alcohol consumption was found in the subjects, and only male patients were allowed to participate. As a result, some crucial variables for women, such as attraction and spouse's emotions about the quality of married life, were overlooked. As a result, the unfavorable effects of total laryngectomy must be re-confirmed by evaluating the overwhelming majority of men and women who have undergone it. Finally, it is advised to screen individuals for melancholy using conventional depression screening tools. Tests for different levels of depression were addressed during

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post-op conversations. Total laryngectomy males had substantially poorer erectile function, sexual urge, and intercourse pleasure than their normal counterparts. Furthermore, five months

after the operation, interviews with the patients revealed a feeling of social isolation, as well as some melancholy and sorrow in total laryngectomy patients.