A. Epidemiology and Etiology

Anatomically, the soft palate is part of the oropharynx. It consists of mucosa on both surfaces, connective tissue, muscle fibers, aponeurosis, numerous blood vessels, lymphatics, and minor salivary glands. Functionally, the soft palate serves to separate the oropharynx from the nasopharynx during swallowing and speech. The soft palate approximates the posterior pharyngeal wall during swallowing to prevent nasopharyngeal regurgitation and during speech to prevent air escaping into the nose.

Cancer of the soft palate accounts for fewer than 2% of head and neck mucosal malignancies. Among the hard and soft palate cancers, squamous cell carcinoma (SCCA) accounts for 75%. In the soft palate, 80% of the lesions have squamous cell histology, with minor salivary tumors occurring less often. The incidence of oral cavity and oropharyngeal cancer varies geographically, with the highest incidence reported in India (accounting for 50% of all cancers). SCCA of the soft palate, uvula, and anterior tonsillar pillar occurs much less frequently than cancers at other oropharyngeal sites, such as the tonsil and the base of the tongue.

Tobacco and alcohol are the major causes of oral cavity and oropharyngeal cancer including the soft palate. Reverse smoking is associated with a high incidence of palate cancer. The concept of field cancerization is particularly evident with soft palate cancer, where early neoplastic changes involve the mucosa beyond the visible tumor.

B. Presentation

Painful ulceration and odynophagia are the most common symptoms of SCCA of the soft palate. Minor salivary gland cancers, on the other hand, are usually asymptomatic submucosal masses. In advanced stages, velopharyngeal insufficiency, altered speech, difficulty swallowing, referred otalgia, trismus, or a neck mass may be present. Fortunately, tumors are often found incidentally in their early stages by the patient or the physician, as this area is easily visualized.
Cancer of the Soft Palate

A. Epidemiology and Etiology
80% Squamous cell carcinomas
Risk factors: tobacco and alcohol consumption

B. Presentation
Painful ulceration
Odynophagia
Minor salivary gland-asymptomatic submucosal mass

C. Diagnosis

Tumor Extension
Almost 50% of patients present with extension beyond the soft palate (to tonsil, retromolar trigon, alveolar process, hard palate, base of tongue)

Biopsy

Examination under Anesthesia
Map tumor margins
Panendoscopy to rule out synchronous cancers (25%)

Radiologic assessment with CT scan
Retropharyngeal and deep upper jugular nodes in 30–55%
10% Incidence of bilateral neck metastases

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