DEALING WITH PAIN IN SURVIVORS OF HEAD AND NECK CANCER: A RANDOMIZED, CONTROLLED CLINICAL TRIAL

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INTRODUCTION

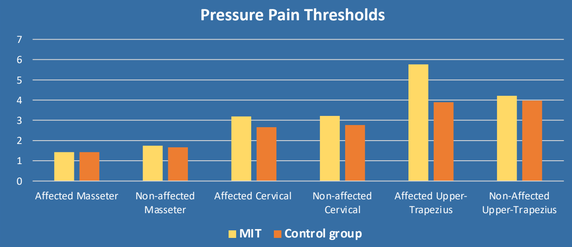
Among all the side-effects survivors of head and neck cancer (sHNC) deal with, pain is present in more than a 40% of sHNC, mainly due to the sensitization of the cervical area during the surgical procedure. Within the manual therapy interventions, myofascial induction therapy (MIT) is a possible and effective treatment for this consequence. MIT consists of a combination of three-dimensional maneuvers that induces the reestablishment of the fascia and reduces pain. It has shown to reduce this symptom on other populations, but its effects on sHNC are uknown. The aim of this study was to evaluate the effects of MIT over the perceived pain by sHNC.

METHODS AND MATERIALS

A randomized controlled trial (RCT) was performed (NCT04145180). The MIT protocol lasted for 6 weeks, with 3 sessions of 40 minutes a week. To evaluate the perception of pain on the facial, mouth, cervical and shoulder regions, a Visual Analogue Scale (VAS) was used. Pressure pain thresholds (PPTs) were also evaluated with an analogue algometer on the same regions, bilaterally.

RESULTS

40 sHNC participated in this RCT, of whom 20 received an MIT protocol and 20 received the usual care recommended by the medical staff. The experimental group showed a statistically significant reduction of the pain perceived on the affected side of the facial, mouth and cervical regions ($p<.005$) and the non-affected shoulder ($p<0.05$). No statistically significant changes were seen between groups for the rest of the evaluated outcomes, neither VAS nor PPTs ($p>.05$).



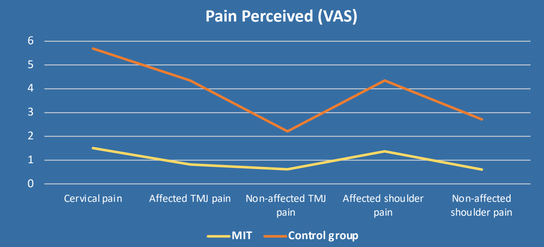


Figure I. Myofascial induction technique on the cervical region

Figure II. Myofascial induction technique on the thoracic region

Figure III. Myofascial induction technique on the back

CONCLUSIONS

MIT can reduce the pain perceived by sHNC on the facial and cervical area. More studies with bigger sample sizes are needed in order to evaluate the effects of this intervention on the treatment of the PPT in sHNC.

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