**OS 217 ONCOLOGY MODULE – Laryngeal Carcinoma   
CASE**

JB, 68-year-old male from Cavite

**Chief Complaint**: Hoarseness

**History of Present Illness:**1 year prior to admission, patient noted persistent cough associated with gradually worsening hoarseness. He consulted at a local hospital wherein he was prescribed with several antibiotics with no noted relief of symptoms. Persistence of cough and hoarseness prompted consult with an ENT last January 2021. Indirect laryngoscopy was done, which revealed a mass on the laryngeal complex. Patient was then advised biopsy of the said mass. Patient then sought consult at our institution for further management. He was subsequently admitted last June 2021 where direct laryngoscopy + biopsy and tracheostomy was done.   
  
Biopsy results revealed squamous cell carcinoma

**Review of systems:**

(-) headache, (-) seizures, (-) blurring of vision

(-) colds, (-) fever, (+) ear pain   
(-) anosmia, (-) change in taste

(-) difficulty breathing  
(-) abdominal pain, (-) changes in bowel movement   
(-) dysuria, (-) polyuria

**Personal Medical History:**  
(+) hypertension (On telmisartan, amlodipine, bisoprolol)  
(+) dyslipidemia (On atorvastatin)   
(-) diabetes

(-) asthma

(-) known allergies

**Family Medical History:**

(+) diabetes mellitus

(-) history of malignancy

**Personal and Social History:**

(+) previous smoker (~15 pack years)

(+) occasional alcoholic beverage drinker

Denies illicit drug use

**Physical Examination:**

BP: 140/100   
HR: 90   
RR 24   
Temp 36.8 C

Pale conjunctivae, anicteric sclerae, no palpable neck lymphadenopathy

Distinct heart sounds, normal rate, regular rhythm

Abdomen flat, soft, non-tender, no palpable mass

Full and equal peripheral pulses, no edema. Pink nail beds, no jaundice.

Neurological PE unremarkable

**Other pertinent diagnostic findings:**

Laryngoscopy (January 2021):

Right vocal cord immobile. (+) white mass on the anterior portion of the right true and false vocal cords. With fleshy mass seen partially obstructing the subglottic area. Left focal cord mobile.

CT scan of the neck (June 6, 2021):

There is an ill- to fairly-defined, mixed-attenuating, heterogeneous-enhancing, irregular mass centered in the right glottic region, measuring approximately 4.1 x 2.0 x 3.0 cm (CC x W x AP). It exhibits the following associated relationships and extensions:   
• Anteriorly, the mass involves the anterior commissure to extend and involve the anterior 1/3 of the contralateral vocal cord.   
• Posteriorly, it lyses portions of the right arytenoid cartilage and disarticulate the corresponding cricoarytenoid joint, displacing the arytenoid cartilage anterolaterally. Sclerosis of the remaining portion of the cartilage is noted.   
• Lysis of the bilateral thyroid cartilage laminae is demonstrated, involving both inner and outer cortices. However, no gross extralaryngeal spread of the tumor is observed.   
• Involvement of the inferior aspect of the right paralaryngeal space is observed.   
• Superiorly, it extends to the right supraglottic region, involving the false vocal cord and obliterating the laryngeal ventricle, as well as portion of the inferior aryepiglottic fold.   
• Inferiorly, the mass extends into the subglottic space, approximately 2.0 cm from the level of the true vocal cord. No lytic or sclerotic changes are observed in the cricoid cartilage.   
A prominent lymph node, measuring 1.6 x 0.8 x 0.9 cm, is seen in the right upper/mid deep jugular region (level II/III). The fatty hilum of this lymph node is not discernible. No other remarkable cervical lymph nodes detected.   
A tracheostomy tube is seen inserted at the level of C7-T1 intervertebral space.   
The oral floor muscles are symmetric and normally developed. The spaces of the oral floor are well defined and intact.