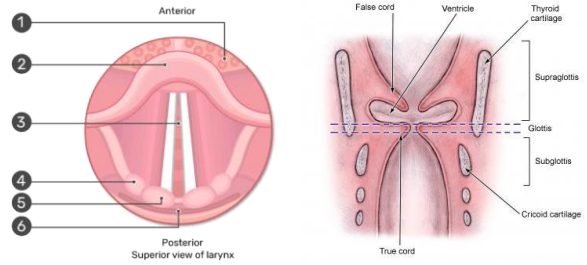


Laryngeal cancer



What comprises the larynx?

What is the usual risk profile of a laryngeal cancer patient?

Symptom, duration of symptom, age, sex, risk factors

Will certain symptoms be more common in supraglottic, glottic or subglottic cancer?

Dysphagia, odynophagia, stridor, hemoptysis, dyspnea

Which cancer site in the larynx has least or sparse lymphatic drainage?

TNM staging for laryngeal cancer:

Tumor staging: T1-one subsite

T2-more than one subsite or partial immobility,

T3-fixation of the cord,

T4-extension beyond the larynx (What is T4a and T4b?)

Node staging: N1-single ipsilateral node ≤ 3 cm, N2- multiple nodes or nodes between 3to6 cm, N3- node ≥ 6 cm

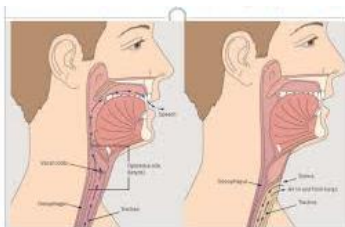
Metastasis: M1-distant metastasis



Is this subglottic? If fully mobile cords, what is the T staging for this case?

What does LASER stand for?

Which one is a visible laser: CO2 or KTP



Is this diagram post-laser cordectomy or total laryngectomy?

Case Presentation:

S: 55 year old male, smoker and alcohol drinker, diabetic hypertensive, with 2 weeks of hoarseness and occasional hemoptysis. He has ear pain on the left and was complaining of odynophagia for 1 month.

O: multiple upper and mid cervical lymph nodes on both sides of the anterior and lateral neck, largest of which is 4cm. Laryngoscopy findings showed fixed left arytenoid.



What is your assessment?

What is your plan?

How will you rehabilitate speech if the patient undergoes total laryngectomy? What are the different kinds of extra-laryngeal speech?