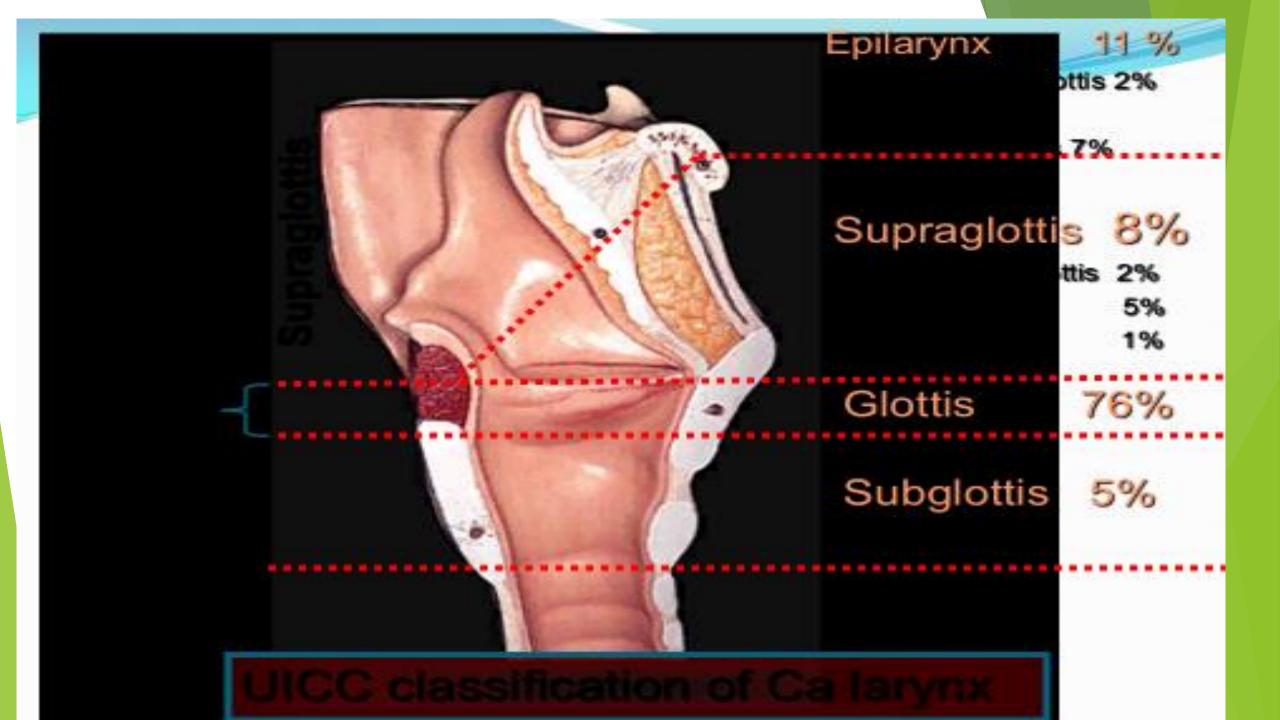
Malignant Lesions of the Larynx

Risk factors

Smoking

Alcohl



Diagnosis

- Dysphagia
- Vocal changes
- Aspiration
- Otalgia
- Blood-tinged sputum
- Neck mass
- Cachexia
- Dyspnea
- Pain
- Halitosis

- Hemoptysis> supraglottic tumors
- Dysphonia > TVC/glottic lesions
- Airway Obstruction> insidious subglottic tumors
- Aspiration> supraglottic (also with incompetent glottis)
- Otalgia > supraglottic (infiltration of musculature)
- Dysphagia: any location, muscle, sensory, motor, joint

HISTOLOGY

- >95% SCC
- Variations:
- verrucous carcinoma, spindle cell carcinoma, basaloid SCC, and papillary SCC

- Other types of carcinoma:
- neuroendocrine carcinoma
- lymphepitheliomatous carcinoma
- adenocarcinoma
- others (sarcomas, lymphomas)
- adenoid cystic (trachea more than subglott

Indirect laryngoscopy

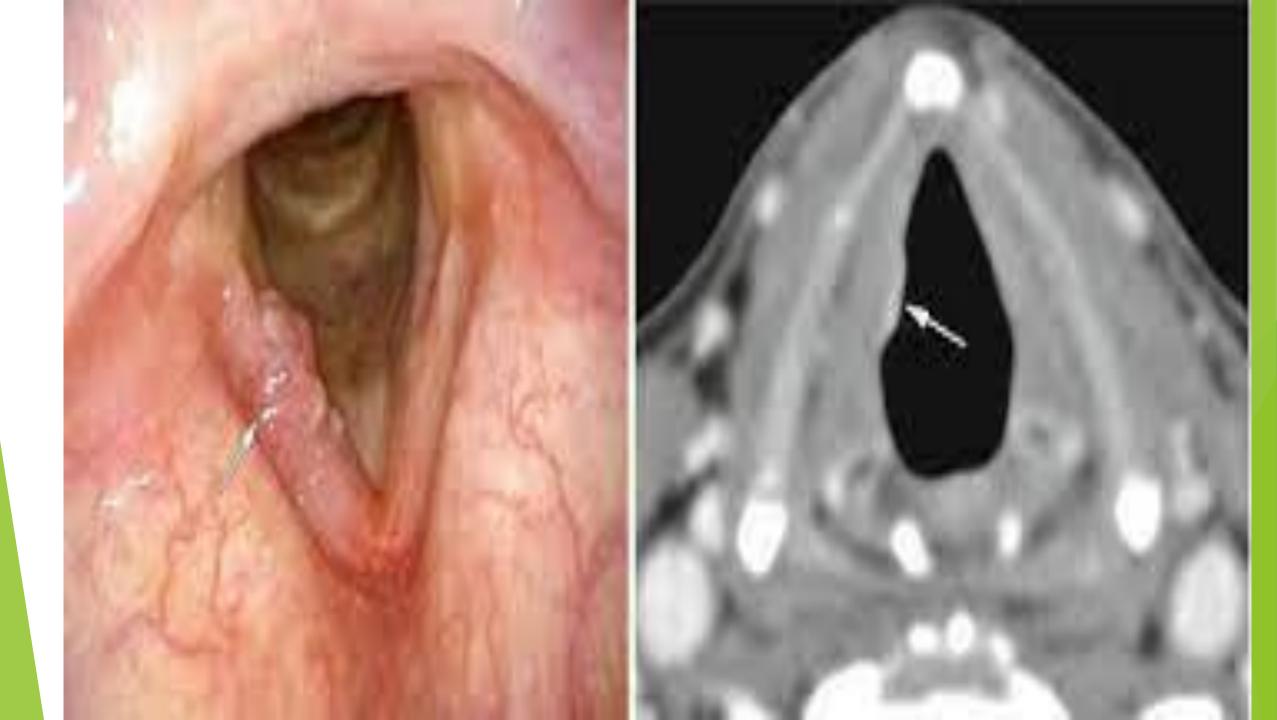




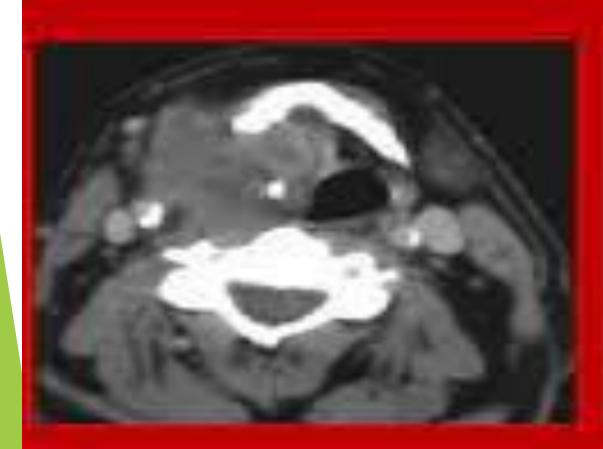


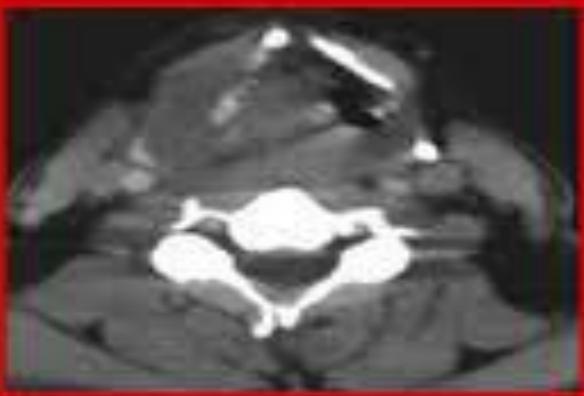
BIOPSY

► NECK CT SCAN WITH CONTRAST



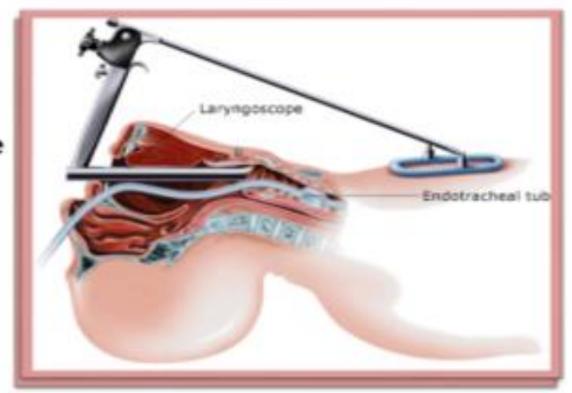
Supraglottic carcinoma



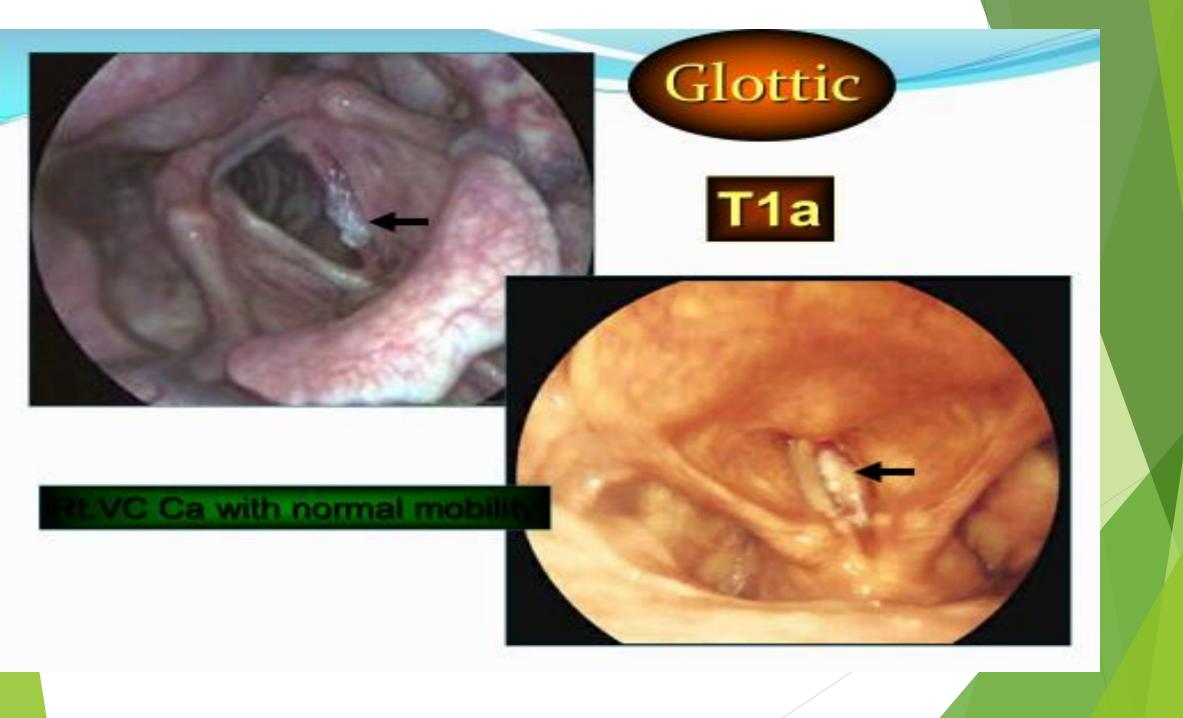


direct rigid laryngoscopy

General anestesia
Examination of the larynx
Removal of forein body
Biopsy of mass in the voice
box





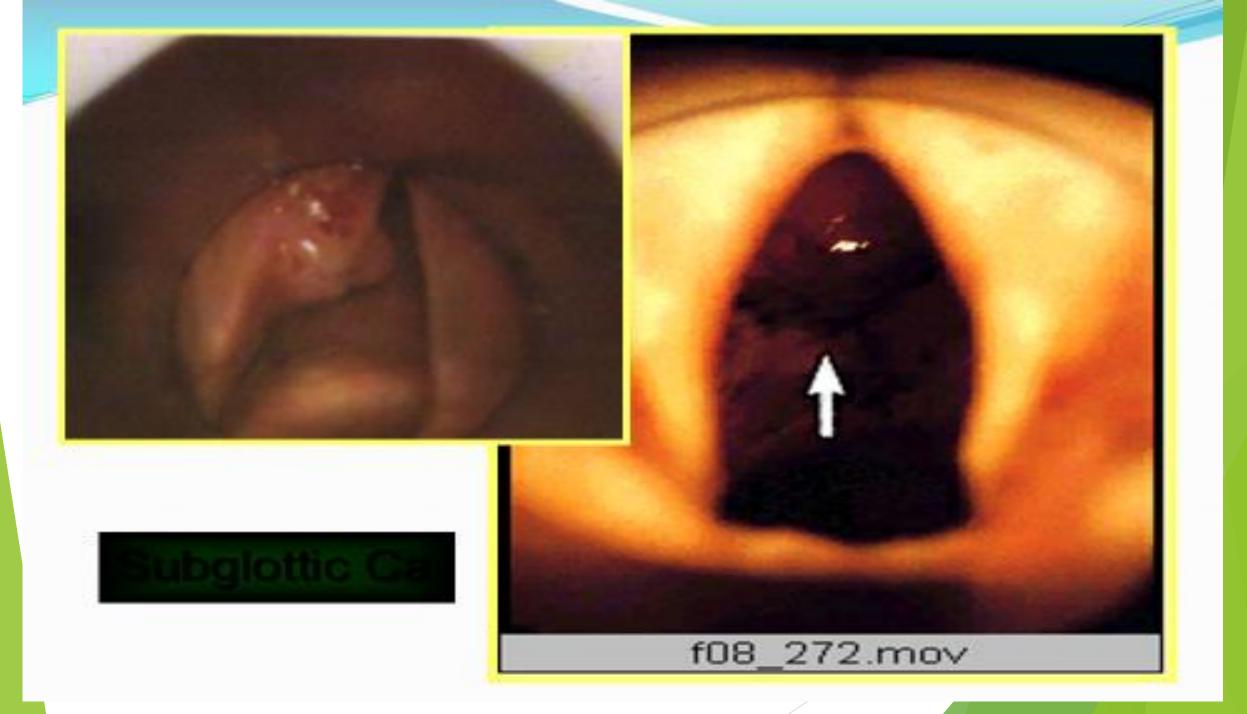


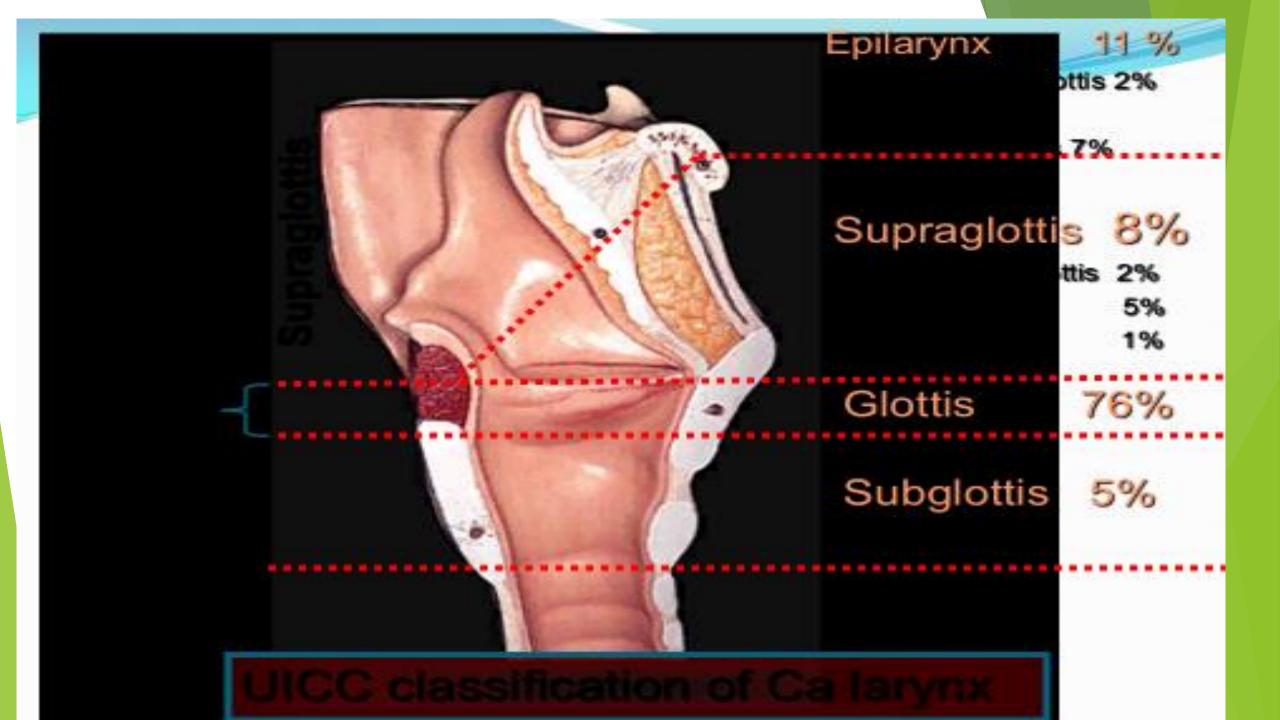


Supraglottic Ca









TNM classificaiton

T: Primary tumour

N: Nodal deposits

M: Metastasis

: Primary tumour

Glottic

- T1 limited / mobile
 - a: one cord
 - b: both cords
- T2 extends to supra or subglottic / impaired mobility
- T₃ cord fixation
- T4 extends beyond the larynx

Supra & subglottic

- T1 limited / mobile cords
- T2 extends to glottis/mobile
- T₃ cord fixation
- T4 extends beyond the larynx

No dal deposits NO LN deposits



Nn ipsilateral , not fixed,<3 cm



contra or bilateral movable , cm



 N_3 Fixed, >6cm

: Metastasis



no metastasis



metastasis

► LUNG(chest x ray or chest ct)

► LIVER(sonography and liver function)

► BONE(BONE SCAN)

TREATMENT

- Metastase (chemoradiotherapy)
- non metastase (surgical or radiotherapy)
- ► T1,T2,T3 partial laryngectomy
- ► T4 Total Laryngectomy



