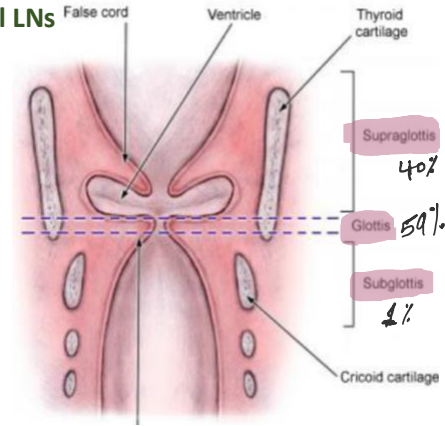


# Laryngeal Tumors

- The **Supraglottis** is supplied by the **Superior laryngeal artery**, drain to **deep upper cervical LNs**
- The **Glottis region** & The **Subglottis** is supplied by **thyroid artery**.
- **Subglottis** drain into the **Lower Cervical, Paratracheal and Mediastinal L.N**
- The glottis is free of lymphatics so glottic tumors rarely Mets to cervical L.Ns (< 5%)
- Benign tumors – rare → cause hoarseness
- Malignant tumors → Squamous CC
- Peak age **55-65 yrs**
- RFs-> tobacco, alcohol, industrial products, radiations,



## clinical presentation:

- 1) **Supraglottic carcinoma:** **dysphagia**, **odynophagia**, referred **otalgia** and muffled voice  
Cervical L.N metastasis occurs early → hoarseness (late)
- 2) **Glottic carcinoma:** **hoarseness** of voice with stridor when advanced.
- 3) **Subglottic carcinoma:** **Stridor**, **airway obstruction**.

## Diagnose:

- 1) **Indirect laryngoscopes Or Flexible laryngoscope**
- 2) Mass-> **Biopsy** by laryngoscopes under GA

## Staging : by TNM

## Treatment :

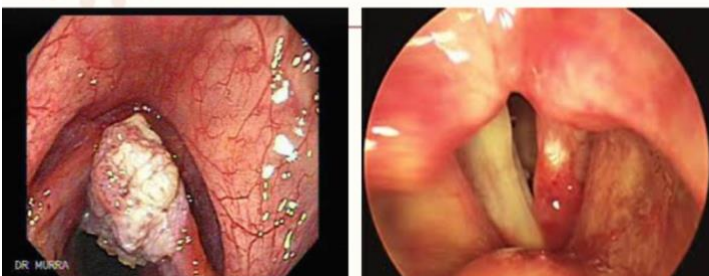
- Any positive neck L.Ns should be treated by **radical neck dissection**.
- **Partial laryngectomy VS total laryngectomy**
  - o partial laryngectomy → voice is preserved + no permanent stoma + more complications
  - o total laryngectomy → permanent stoma

(laryngoesophageal fistula, laryngeal chondritis, dysphagia and aspiration)

## Voice after total laryngectomy :

- **Esophageal voice:** he swallows air and speak without larynx or vocal cords.
- **Electrical laryngeal voice:** the patient presses a button of an electrical larynx.
- **Voice prosthesis:** an artificial fistula is made between the trachea and the esophagus with a one way valve to divert air from the trachea to esophagus with expiration to talk.

## Laryngeal Carcinoma



T : tumor	
T1	Tumor confined to one region (glottis, supraglottis, subglottis) with mobile vocal cords.
T2	Tumor confined to two regions with mobile vocal cords.
T3	Tumor limited to the larynx with fixation of the vocal cords.
T4	Extra-laryngeal spread (oropharynx, soft tissue of the neck or thyroid cartilage).
N: Lymph Nodes	
N1	Metastasis is in a single ipsilateral lymph node, 3 cm or less.
N2	<ul style="list-style-type: none"> <li>• Metastasis is in a single ipsilateral lymph node, 3-6 cm</li> <li>• Metastasis is in multiple ipsilateral lymph nodes, none more than 6 cm.</li> <li>• Metastasis is in bilateral or contralateral lymph nodes, none more than 6 cm.</li> </ul>
N3	LN > 6 cm.
M: Distant Metastasis	
<ul style="list-style-type: none"> <li>• MX: Distant metastasis cannot be assessed.</li> <li>• M0: No distant metastasis.</li> <li>• M1: Distant metastasis.</li> </ul>	