Laser treatment in early head and neck cancer

M. Dilkes, H. Al-Reefy, K. Ghfoor, H. Mehrzad
St. Bartholomew's Hospital, LONDON, UK

INTRODUCTION

We have performed a retrospective review of all patients treated with primary, curative-intent carbon dioxide or holmium-YAG laser resection of head and neck squamous cell cancer, excluding oral cavity and lip. Relevant details were found in 48 patients.

Any further malignant disease occurring after 5 years from the original surgery were called new primaries. Of 29 T1a cancers of the glottis treated, all were successfully treated by local laser resection. Four T1b cancers were treated, all of these recurred and required radical surgery and/or radiotherapy.

Five out of 6 (83.3%) T2 glottic cancers were successfully treated with laser resection, as were two early (stage T1 and T2) oropharyngeal cancers and three T1 supraglottic cancers. Two post radiotherapy recurrences, a T2 glottic and T1 supraglottic, were also successfully treated by local laser resection. The average follow-up is 26.6 months, which is the mean of the time taken for the disease to recur, or the time disease free post-treatment.

METHODS AND MATERIALS

Patients who had undergone laser excision of early head and neck (but not oral cavity) epidermoid cancer were identified via the operating theatre computerised log at St Bartholomew's Hospital, and by recording patients attending the Head and Neck clinic at this Hospital, which is a Head and Neck Cancer Centre. Data was recorded from the notes. Required information was available in 48 cases.

All patients were followed up as per the standard St. Bartholomew’s protocol, being seen monthly for the first year after definitive treatment, 2 monthly for the second year, 3 monthly for the third-year, 4 monthly for the fourth-year and yearly thereafter.

RESULTS

Of 29 T1a cancers of the glottis treated, all were controlled with local carbon dioxide laser resection. Four T1b cancers were treated, all of these recurred and required radical surgery and/or radiotherapy.

Five out of 6 (83.3%) T2 glottic cancers were successfully treated with laser resection, as were five early (stage T1 and T2) oropharyngeal cancers and three T1 supraglottic cancers.

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CONCLUSIONS

In a tertiary head and neck cancer centre, with the relevant equipment and surgical plus nursing expertise, local laser resection of early squamous cell cancer of the head and neck can provide a cost effective and valid alternative to traditional methods of treatment, whilst also reducing patient discomfort and duration to a minimum. As has been found elsewhere, T1b glottic cancer should be treated more radically, with external beam radiotherapy if the first line treatment of choice.

CONTACT

M.Dilkes, H. Al-Reefy
St. Bartholomew's Hospital
Email: dilmesham@bartsandthelondon.nhs.uk

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