Early laryngeal cancer, can be defined as a T1 or T2 tumor without evidence of either nodal or distant metastasis. The main objective of the treatment of these laryngeal cancers is to remove the tumor completely while preserving laryngeal functions. The role of salvage radiation therapy is to control disease in a situation of recurrence of disease, either locally or regionally.

INTRODUCTION

The role of open surgery for management of early laryngeal malignancies has been declining with the introduction of the transoral laser microsurgery. The KTP 532 laser assisted microsurgery is replacing traditional surgical procedures for early glottic squamous cell carcinoma.

METHODS AND MATERIALS

This is a retrospective study of 83 patients who underwent KTP 532 laser assisted microsurgery for early laryngeal tumors between 2000 and 2008 with minimum 6 months follow up. The patients were treated with a 532 nm pulsed KTP laser with an output power of 5 watts in continuous/pulse mode through a handpiece. The average power output was 1 watt/cm². The surgery was performed on an outpatient basis with general anesthesia.

RESULTS

The 532 nm pulsed KTP laser is a useful tool for the management of early glottic malignancies.

CONCLUSIONS

The use of KTP 532 laser assisted microsurgery for early laryngeal malignancies is a viable and convincing alternative to traditional open neck surgery conservation surgery for treating early laryngeal malignancies with good disease control rate and less morbidity while preserving the larynx. The management of the neck is essential in early superglottic carcinoma.