INTRODUCTION

Outcomes of total laryngectomy: how to improve?

ABSTRACT

The average time elapsed between treatment and first appointment was 80 (range 2-275) days. The majority (86.5%) of the patients was primarily submitted to surgery (total or partial laryngectomy), followed by radiotherapy – chart 3. Of the 74 patients (19.5%) who underwent TL after chemoradiotherapy, 12 (16.2%) of them underwent radical surgery due to chronic laryngeal constrictive symptoms.

RESULTS

The average time elapsed between TL was 26.6 (range 0-263) days, significantly shorter when the chemotherapy was performed before salvage surgery (average 11.8 days). TL was succeeded by concomitant neck dissection in 81.2% and partial thyroidectomy in 44.3% of the patients. Almost a third underwent a primary laryngopharyngeal pectoruplasy (TEP) for prosthesis voice restoration with Provox 

CONCLUSIONS

Most of our patients had advanced tumors, which compromised survival. Only clinical variables (tumor stage and nodal status) were related to overall survival. Most of our patients had advanced tumors, which compromised survival. Only clinical variables (tumor stage and nodal status) were related to overall survival. Twenty percent of the patients had a synchronous neck disease (42.5%) and 43 (11.6%) had a synchronous tumor, at the larynx, oropharynx or thyroid. The vast majority of the patients was squamous cell carcinomas (90.7%), in advanced stage (90.1% with 2010 AJCC Stage ≥ T4). The majority (75.1%) had more than one chronic pathology, more often cardiovascular or respiratory problems. A small number of patients (4.8%) had history of head and neck cancer, treated with local radiotherapy. Laryngeal tumors were more frequent (72.3%), particularly at the glottis (61%) – chart 1. The pfirrmus sinus was more commonly affected (84.3%) in patients with hypopharyngeal cancer (27.7%). Less than 5% of the patients had a synchronous tumor at the larynx, oropharynx or thyroid.

Among the 577 patients, 104 (18%) were submitted to chemoradiation before TL, particularly postoperative problems. Considering functional outcomes, good results were obtained in voice quality (1.2). However, the overall disease-specific survival (DS) was 59.9%, with significant incidence of distant metastasis (35.4%). Survival analysis identified factors related to long-term survival: cancer site in the larynx (p=0.003) and NO-N1 stage (p=0.018). Tracheostomy was identified as a negative prognostic factor, whenever performed 3 weeks or more before TL (p=0.002).

The overall 5-year observed survival (OS) was 47.8% and the 5-year disease-specific survival (DSS) was 59.9% of the patients. The most frequent were mucositis and xerostomy (100%), dysphagia (28.4%) and pharyngocutaneous fistula (23.6%) – chart 5. As a consequence, postoperative problems were the main cause of failure with a significant increase in cases of severe death (35.4%). Survival analysis identified factors related to long-term survival: cancer site (p=0.003) and NO-N1 stage (p=0.018).

The overall loco-regional control rate was 61.3% and the overall recurrence rate was 59.9% (35.4% distant metastases). Factors identified as related to long-term survival: cancer site in the larynx (p=0.003) and NO-N1 stage (p=0.018). Tracheostomy was identified as a negative prognostic factor, whenever performed 3 weeks or more before TL (p=0.002).

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