



ORIGINAL ARTICLE

Partial laryngectomy in glottic cancer: complications and oncological results[☆]



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KEYWORDS

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Abstract

Introduction: Most patients with laryngeal carcinoma present tumors in the glottis that can be treated by different treatment modalities. Some authors consider open partial laryngectomy as obsolete, while others still deem this as a viable and cost-efficient option.

Objectives: To compare the oncological and functional results of a series of patients undergoing partial laryngectomy vs. external radiotherapy for the treatment of glottic cancer.

Methods: Historical cohort study with a series of glottic carcinoma patients undergoing partial laryngectomy or external radiotherapy during a period of ten years.

Results: Sixty-two patients with glottic carcinoma were included. Group A comprised those submitted to partial laryngectomy ($n = 30$), and Group B, those who underwent radiotherapy ($n = 32$). They were homogeneous in the comparison of mean age, 56.4 vs. 60.4 years ($p = 0.12$) and distribution in pathological stage ($p = 0.91$). With regard to oncological outcome, there were no differences in distant metastasis rates, or second primary tumor between groups ($p = 1.0$), as well as in disease-free time, laryngeal rescue-free time, and overall five-year survival. Severe complication rates were also similar between groups.

Conclusion: Open partial laryngectomy had complication rates and oncological results similar to those of radiotherapy for patients with glottic carcinomas and should still be considered among the main available therapeutic options.

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PALAVRAS-CHAVE

Carcinoma;
Laringe;
Laringectomia;
Radioterapia

Laringectomia parcial no câncer glótico: complicações e resultados oncológicos**Resumo**

Introdução: A maioria dos pacientes com carcinoma de laringe apresentam tumores na região glótica suscetíveis a diferentes modalidades de tratamento. Alguns autores consideram a laringectomia parcial aberta em desuso enquanto outros ainda a indicam como uma opção viável e custo eficiente.

Objetivos: Comparar os resultados oncológicos e funcionais de uma série de pacientes submetidos à laringectomia parcial versus radioterapia externa para o tratamento do câncer glótico.

Método: Estudo tipo coorte histórica com uma série de pacientes com carcinoma glótico submetidos à laringectomia parcial ou radioterapia externa em período de 10 anos.

Resultados: Foram incluídos 62 pacientes com carcinoma glótico distribuídos em Grupo A: submetido à laringectomia parcial (n = 30) e Grupo B submetido a radioterapia (n = 32) que se mostraram homogêneos na comparação de média de idade de 56,4 vs. 60,4 (p = 0,12) e distribuição em estadios patológicos (p = 0,91). Com relação ao desfecho oncológico, não foram observadas diferenças nas taxas de metástase à distancia, ou segundo primário entre os grupos (p = 1,0) assim como no tempo livre de doença, tempo livre de resgate laríngeo e sobrevida geral em 5 anos. As taxas de complicações severas também foram semelhantes entre os grupos.

Conclusão: A laringectomia parcial aberta apresentou taxas de complicações e resultados oncológicos semelhante àqueles do tratamento radioterápico para pacientes com carcinomas glóticos e ainda deve ser considerada entre as principais opções terapêuticas disponíveis.

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Introduction

Laryngeal carcinoma varies in incidence throughout different geographical regions, being more common in Southern Europe (10.9/100,000), Eastern Europe (9.2/100,000), and South America (7.2/100,000). This cancer is more frequent in males and corresponds to 2.5% of all tumors in men, representing the sixth most common malignancy in men in Brazil.¹ Most patients with laryngeal carcinoma present their tumor in the glottic region, and 55–75% are diagnosed with early cancers, with a favorable prognosis.^{2–5} Therefore, in these cases whenever possible the therapy for laryngeal cancer should aim for a high rate of local control associated with preservation of function. Such results can be achieved by different approaches, including external beam radiotherapy, transoral laser microsurgery, partial open laryngectomy and, more recently, robotic transoral surgery. Each of these options has specific advantages and limitations, such as tumor extension, need for functional reconstruction, technical skill, and adequate resources.^{6,7}

Currently, a predominance of radiotherapy and transoral laser microsurgery appear to be the treatment modalities most commonly used, particularly for early glottic carcinomas, with open partial laryngectomy considered by some authors to be falling into disfavor.⁸ However, others have noted that open surgery can guarantee an adequate oncological control, associated with a more accurate pathological staging for the correct indication of adjuvant therapy and risk stratification of these patients.^{9,10} Although surgery and radiation therapy have coexisted as a treatment for cancer of the larynx since the early 20th century, there are still conflicting results when these two therapeutic modalities are compared. The aim of this study was to evaluate the oncological and functional results of a series of patients

undergoing open partial laryngectomy vs. external radiotherapy for the treatment of glottic cancer of larynx.

Methods

This was a longitudinal historical cohort study approved by the local Research Ethics Committee under No. 20538013.2.0000.5362 and based on data collection of medical records from patients with squamous cell carcinoma in a glottal laryngeal site, confirmed by the pathology service and submitted to partial laryngectomy or external beam radiation therapy at a tertiary center from 2002 to 2012. Patients with selected T1/T2 and T3 early glottic carcinoma limited to the glottis without massive extension to the supraglottis, infraglottis or to the paraglottic space, and who were suitable for treatment with organ preservation, were considered for inclusion criteria in the study. Patients with bulky T3 glottic carcinoma not suitable for conservative surgical treatment and patients with advanced T4 carcinoma, as well as patients with minimal clinical follow-up (less than 24 months) were excluded from the study.

All patients were informed about treatment options by a multidisciplinary team involving surgeons, radiation oncologists, and medical oncologists, and after counseling underwent partial laryngectomy or radiation therapy with a total dose of 70 Gy (fractionated at 2 Gy/day, five days per week) as initial treatment, depending on the patient's preference. Chemotherapy with cisplatin 20 mg/m²/day in combination with 5-fluorouracil 1000 mg/m²/day by intravenous infusion on days 1–4 and 22–25 was performed concomitantly with radiation for patients with T2 or T3 tumors (thus excluding patients with T1 glottic carcinoma) according to institutional protocol. Adjuvant radiotherapy after surgery was

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