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GENERAL INFORMATION

Histopathological evaluation of the subtotal laryngectomy specimen[☆]



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KEYWORDS

Laryngeal cancer;
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Abstract

Background: The goal of conservative surgical treatment of laryngeal cancer is to obtain oncological control with preservation of laryngeal function. The concept of laryngeal function preservation should be understood as the preservation of the patient's ability to breathe normally with neither tracheostomy nor aspiration, and maintaining intelligible speech. This can be achieved by a balance between two fundamental aspects, proper patient selection (based on tumour extension and preoperative laryngeal function), and an adequate histopathological analysis of the surgical specimen. Supracricoid subtotal laryngectomy is the voice conservative surgical technique that offers the best possibility of control in patients with locally advanced laryngeal cancer. The proper histopathological analysis allows staging and selecting patients for adjuvant therapy, avoiding unnecessary ones as well as designing monitoring and surveillance programs based on risk factors.

Objective: To highlight key points in the histopathological evaluation of the surgical specimen of a subtotal laryngectomy.

Conclusion: The proper communication between the surgeon and pathologist, offering complete information on preoperative clinical evaluation and the knowledge of the key points in the evaluation of the surgical specimen (sites of tumour leakage and surgical resection margins)

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PALABRAS CLAVE

Cáncer de laringe;
Laringectomía
parcial;
Laringectomía

are fundamental parameters to achieve a proper histopathological evaluation of the surgical specimen.

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Evaluación histopatológica del espécimen de laringectomía subtotal**Resumen**

Antecedentes: La finalidad del tratamiento quirúrgico conservador del cáncer laríngeo es obtener control oncológico con preservación de la función laríngea; a su vez, la preservación de la función debe entenderse como la conservación de la capacidad del paciente para ventilar por vía normal sin traqueotomía y sin aspiración, manteniendo habla inteligible. Este propósito se logra manteniendo el balance entre 2 aspectos fundamentales: la adecuada selección del paciente (con base en la extensión tumoral y la función laríngea preoperatoria) y un adecuado análisis histopatológico de la pieza quirúrgica. La laringectomía subtotal supracricoidea es la técnica quirúrgica conservadora de la voz que oncológicamente ofrece la mejor posibilidad de control en pacientes con cáncer localmente avanzado de laringe; su adecuado análisis histopatológico permite estadificar y seleccionar a los pacientes candidatos a tratamiento adyuvante, evitando terapias innecesarias, y permite diseñar un programa de seguimiento y vigilancia con base en los factores de riesgo.

Objetivo: Señalar los puntos clave en la evaluación histopatológica de la pieza de laringectomía subtotal.

Conclusiones: La adecuada comunicación entre el cirujano y el patólogo, el ofrecer información completa de la evaluación preoperatoria clínica y el conocimiento de los puntos clave en la evaluación de la pieza (sitios de probable fuga tumoral y márgenes de sección quirúrgica) son parámetros fundamentales para lograr la adecuada evaluación histopatológica del espécimen quirúrgico.

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Background

Epidermoid cancer is the most frequent tumour to start in the laryngeal epithelium. GLOBOCAN¹ reports 151,000 new cases of laryngeal cancer per year worldwide; it ranks 17th among solid tumours, with a prevalence of 1.1% and standard mortality rate by age of 1.2/100,000.

In Mexico, the Dirección General de Epidemiología reported a total of 855 cases of laryngeal cancer in 2008. The rate was 0.8 per 100,000 inhabitants, and represented 0.2% of total deaths and 1.3% of total tumours.²

The major aetiological factor in the development of laryngeal cancer is tobacco use.^{3,4}

The larynx has different embryological origins, and may be divided into 3 regions: supraglottis (above the vocal folds), glottis (vocal folds and anterior commissure) and subglottis (below the vocal folds). The most common site of tumour origin is the glottic region and vocal fold plane, where the tumour starts and spreads mainly to the supraglottic region.⁵

The aim of treatment for laryngeal cancer is to achieve the right balance between oncologic control, phonation preservation and natural ventilation. Treatment of laryngeal

cancer depends on the tumour stage and general patient conditions.

In patients with laryngeal cancer who are indicated for laryngeal function preservation, the functionality of the cricoarytenoid unit is essential. This unit is formed by the arytenoids cartilage, the cricoids cartilage, the posterior and lateral cricoarytenoid muscles, the interarytenoid muscles and the lower and upper laryngeal nerves; preservation of these structures during functional surgery enables physiological success, since it is this unit which governs correct phonation and swallowing without aspiration.^{5,6}

In initial (T1-2) tumours, a single treatment is normally indicated; this may be either endoscopic resection with laser, radical radiotherapy to the voice box or open surgery aimed at voice preservation. However, in local or advanced local and regional tumours, mutilating surgery is the standard treatment, which involves voice box removal and definitive tracheotomy. Patients with "intermediate stage" cancer, i.e. patients with tumours which may be locally advanced but which do not involve any major impairment of phonation or swallowing, where voice is of an acceptable quality and vocal fold and/or adenoid mobility is sufficient, are usually classified as T2 or T3 and a few at T4a

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