



ORIGINAL ARTICLE

## Results of Total Laryngectomy as Treatment for Locally Advanced Hypopharyngeal Cancer<sup>☆</sup>



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### KEYWORDS

Hypopharyngeal cancer;  
Total laryngectomy;  
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### Abstract

**Introduction and objectives:** Total laryngectomy (TL), with eventual postoperative radiotherapy, has proven to be effective in treating cases of locally advanced hypopharyngeal cancer. The aim of this study was to analyse the oncological outcomes of this procedure in patients with hypopharyngeal cancer classified T3 and T4.

**Methods:** We studied 59 patients (33 T3 and 26 T4a) with primary squamous cell carcinoma of the hypopharynx treated with TL from 1998 to 2012.

**Results:** Mean age was 61 years with a male predominance (96.6%). All the patients were smokers and 96% consumed alcohol. Unilateral selective neck dissection (ND) was performed in 12 patients, unilateral radical ND in 11 patients, bilateral selective ND in 20 patients and radical ND plus selective ND in 14 patients. Sixty-six percentage of the patients received postoperative radiotherapy. Lymph node metastases occurred in 81% of the patients and extranodal invasion in 56% of them. Twenty-nine percentage of the patients had loco-regional recurrence, 17% developed distant metastases, and 25% a second primary tumour. The 5-year disease-specific survival was 46%.

**Conclusions:** TL extended to pharynx (with eventual postoperative radiotherapy) offers good oncological results in terms of loco-regional control and survival in locally advanced hypopharyngeal cancer, so organ preservation protocols should achieve similar oncological results to those shown by TL.

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**PALABRAS CLAVE**

Cáncer de hipofaringe;  
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**Resultados de la laringectomía total en carcinomas localmente avanzados de hipofaringe****Resumen**

*Introducción y objetivos:* La laringectomía total (LT), más eventual radioterapia, ha demostrado ser un tratamiento eficaz en los casos de cáncer de hipofaringe localmente avanzado. El objetivo de este trabajo es analizar los resultados oncológicos de este procedimiento en pacientes con cáncer de hipofaringe T3 y T4.

*Métodos:* Se incluyeron 59 pacientes (33 pacientes con estadio T3 y 26 con estadio T4a) con carcinoma epidermoide primario de hipofaringe tratados mediante LT entre los años 1998 y 2012.

*Resultados:* La edad media fue de 61 años, con predominio de varones (96,6%). Todos los pacientes excepto uno eran fumadores y el 96% consumía alcohol. Se realizó vaciamiento cervical funcional unilateral en 12 pacientes, radical unilateral en 11 pacientes, funcional bilateral en 20 pacientes y funcional más radical en 14. El 66% de los pacientes recibieron radioterapia postoperatoria. Un 81% de los pacientes presentaba metástasis ganglionares y de estos un 56% presentaba invasión extracapsular. Un 29% de los pacientes presentaron recidiva locorregional, un 17% desarrollaron metástasis a distancia y un 25% un segundo tumor primario. La supervivencia específica fue del 46% a los 5 años.

*Conclusiones:* La LT ampliada a faringe (con eventual radioterapia complementaria) ofrece buenos resultados oncológicos en términos de control locorregional de la enfermedad y supervivencia en el cáncer de hipofaringe localmente avanzado, de modo que los protocolos de preservación de órgano deben alcanzar resultados oncológicos similares a los demostrados por la LT.

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**Introduction**

Hypopharyngeal cancers are the third most common malignant tumours of the head and neck. Despite diagnostic and therapeutic advances, the general prognosis continues to be poor. The few initial clinical symptoms result in late diagnoses at advanced stages, hence the poor prognosis. Like cancers of the head and neck in general the most important risk factors for hypopharyngeal tumours are smoking and excessive alcohol consumption. These patients frequently have serious associated comorbidities and low socio-economic level.<sup>1</sup>

It is not unusual to encounter multiple primary tumours. In fact, approximately 25% of patients present second primary tumours.<sup>2</sup> More than 50% of hypopharyngeal tumour patients have clinically positive cervical lymph nodes at the time of presentation. And up to 17% present distant metastases when a diagnosis is made.<sup>3</sup> Furthermore there is a relatively high incidence of late distant metastases (i.e., 2 or more years after primary treatment has been completed) associated with an advanced stage of the disease at time of diagnosis.

The treatment of hypopharyngeal cancer is controversial, in part due to its low incidence, and the inherent difficulty in undertaking appropriately driven and randomised clinical studies. Therefore it is difficult to define the ideal treatment for a specific stage or site of hypopharyngeal cancer. In general, both surgery and radiotherapy (RT) are the pillar for most curative efforts aimed at this cancer. In recent years chemotherapy was added to the treatment strategy for specific advanced cases. In the case of pyriform sinus cancer,

the administration of neoadjuvant chemotherapy followed by RT can result in preserving the larynx without endangering survival.

The five-year survival rate presented in most studies for locally advanced tumours of the pyriform sinus is in the range of 30%–35%. The factors that principally influence the prognosis and outcome of the disease directly relate to the degree of tumour extension and especially to the extent of lymph node involvement. The prognosis also depends on the site: tumours of the posterior wall having the poorest prognosis, while the best results are obtained with tumours in the pyriform sinus.<sup>4</sup>

Surgery is not free from complications; postoperative infection (particularly pharyngocutaneous fistulas) is the most common. The incidence varies and most commonly ranges from 15% to 25%. There are many risk factors that have been described and associated with the onset of fistulas: smoking, alcohol, chronic liver disease, diabetes mellitus, malnutrition, radio/chemotherapy prior to intervention, presurgical tracheostomy, tumour stage and type of suture used, among others.<sup>5</sup>

The main objective of our paper was to analyse the outcomes in patients with advanced hypopharyngeal carcinoma treated with total laryngectomy, plus eventual postoperative RT, compared to the results of previous studies in the era of organ preservation. We set ourselves the secondary objectives of determining the specific and global survival of the disease achieved by surgical treatment, of determining and analysing the main risk factors and their influence on survival after the disease, and of determining and analysing the secondary complications after surgical treatment.

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