A case of recurrent laryngeal cancer

David Lee Dai Wee
University Malaya Medical Center, Malaysia
Disclosures

- No disclosures
70 year old, Indian
DM, Hypertension, Mitral Regurgitation (repaired 2013), ECHO: EF 67%, mild MR
Ex-smoker, pharmacist, ECOG 0
Hoarseness for 3 months
CA Glottis T1aN0M0, moderately diff. SCC
Underwent endoscopic laser excision 26/8/2014
Follow-up
  - FNPLS: Mass on both VC, impaired VC mobility bilaterally
Endoscopic laser excision 23/6/2016
  - T3N0M0
ENT-Oncology MDT
Adjuvant radiotherapy 66Gy/33 fractions/6.5 weeks
Follow up
- FNPLS: Fungating mass at ant commissure and left VC

CT scan:
- Glottic lesion 2.0 cm x 3.7 cm x 4.0 cm
- Superiorly extending to supraglottic region.
- Anteriorly extending to the anterior commissure which is heterogeneously thickened with maximum thickness of 1.4 cm. Posterior commissure is also involved.
- No nodal/distant metastasis

Total laryngectomy 17/7/2017
2017

- Follow-up
- Scope via neopharynx: Bulge at left lateral wall
- EUA and biopsy 8/11/2017
  Moderately differentiated SCC
- CT – no distant metastasis
- ECOG 1
- ENT-Oncology MDT
  Palliative chemotherapy – Carboplatin/5FU
2018

- Received 4 cycles of Carboplatin/5FU
- Cycle 4
  - Complicated with febrile neutropenia
  - Pharyngocutaneous fistula
  - Required gastrostomy tube
  - Decline in PS – 3
- Best supportive care
Points for discussion

- Sequencing of larynx-preserving treatment and laryngectomy
- Choice of first line chemotherapy in the metastatic setting
- Access of immunotherapy/cetuximab in Asia
Thank you for your attention