

## Head and Neck Surgery

### Recurrent Laryngeal Neurofibroma Unrelated to NF Type I

Jeffrey Phillips, MD (presenter); Xin Gu; Cherie-Ann O. Nathan, MD, PhD

**Objective:** Although rare, neurofibromas arising from the recurrent laryngeal nerve in neurofibromatosis type I patients have been cited in the literature. However, recurrent laryngeal neurofibromas unrelated to this inherited disorder have not been reported. We describe a new entity of a recurrent laryngeal neurofibroma arising at the level of the glottis.

**Method:** A case report and literature review is presented. A patient with progressive dysphonia, dysphagia, and mild dyspnea was referred to our cancer center in November 2011 for assessment. Flexible laryngoscopy revealed right vocal cord paresis and a submucosal mass causing medial displacement of the right arytenoid.

**Results:** CT imaging revealed a well-defined, nonenhancing mass at the level of the posterior glottis. Transoral endoscopic surgical excision of the mass was performed. Pathology revealed a benign peripheral nerve sheath tumor consistent with a neurofibroma. The patient had resolution of his dyspnea and achieved significant improvement of his voice with a 6-week course of speech therapy, despite postoperative right vocal cord paralysis.

**Conclusion:** Isolated neurofibromas of the recurrent laryngeal nerve, without the appearance of other characteristic features of von Recklinhausen disease have not been reported. Although benign, early recognition and surgical excision of these lesions is necessary to prevent airway obstruction, dysphagia, and aspiration.

## Head and Neck Surgery

### Reflux Surgery for Improved TEP Outcomes after Laryngectomy

Katrina M. Jensen, MA, CCC-SLP (presenter); Yadranko N. Ducic, MD; Allison L. Thompson; Fernando Garcia

**Objective:** 1) Identify the potential benefits of adequate reflux intervention in the management of TEP complications in the laryngectomized population. 2) Understand the role of PPI utilization for TEP complications. 3) Identify surgical intervention for reflux as a hierarchical treatment option for TEP complications not responsive to PPI utilization.

**Method:** A retrospective chart review of laryngectomy patients in an otolaryngology private practice identified 4 patients from November 2009 to November 2011 who underwent fundoplication for TEP complications not responsive to PPI utilization. Prosthetic device life (days) as well as the presence of periprosthetic leakage was compared in preoperative and postoperative groups.

**Results:** The 4 patients who underwent fundoplication for reflux management were referred for surgical intervention after

persistent TEP complications following greater than 6 months of PPI utilization. Evidence of reflux was determined using transnasal esophagoscopy, barium swallow, and/or 24-hour pH monitor prior to surgery. Two of 4 were noted to have periprosthetic leakage prior to fundoplication which resolved following surgery. Both individual and group mean device life was noted to increase, with individual mean increases of 71.7%, 88.4%, 188.1%, and 41.3%, respectively. Group mean increase was noted at 85.9%, with significance demonstrated;  $P = .03$ .

**Conclusion:** Although PPI treatment has been found to be an effective intervention for reducing TEP complications, some patients continue to demonstrate complications, despite months of PPI utilization. These findings suggest surgical intervention may be an effective means in this population of reducing associated complications and prolonged need for PPI utilization.

## Head and Neck Surgery

### Results from the Swedish Head and Neck Cancer Register for Oral Cancer

Eva B. Hammerlid, MD (presenter); Erik Holmberg; Anders Högmo; Göran Laurell; Magnus Niklasson; Johan Wennerberg; Anders Westerborn

**Objective:** The Swedish Head and Neck Cancer Register (SweHNCR) started in 2008. The purpose was to register all new patients with head and neck cancer and collect data about tumor stage, planned and received treatment, relapse and survival. Data for oral cancer from the first 3 years will be presented.

**Method:** The SweHNCR is covering more than 95% of all HN cancers in Sweden. Between 2008 and 2010, 3701 new cases were registered including 1029 of oral cancers (28%). The most common location was tongue (42%), followed by gingival (21%), buccal mucosa (19%), floor of the mouth (14%), and hard palate (3%). Less than 10% were treated with palliative intent.

**Results:** Sixty percent of all gingival cancers were diagnosed as T4 while 70% of the tongue cancers were diagnosed as T1-T2. A total of 25% had lymphnode metastasis, range 27% (tongue) to 12% (hard palate). Surgery was the most common treatment (38%), followed by combinations of surgery and radiotherapy (36%), 19% were treated with radiotherapy alone or combined with chemotherapy, and 7% did not receive any treatment. The 2-year survival was 69% (hard palate 83%, buccal mucosa 74%, gingival 70%, tongue 69%, and floor of the mouth 63%). Data regarding treatment and stage of the disease will be further analyzed together with survival data.

**Conclusion:** Oral cancer is the most common HN cancer location in Sweden. Almost all patients are given curative treatment (90%) consisting of surgery alone or in combination with radiotherapy (70%). The 2-year survival rate varied between 63% to 83%. Different treatment policies and survival rate was found within the country.