

Vishwaradhya Cancer Hospital & Research Institute

Bapuji Cancer Hospital Trust



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OncoIndia Foundation

Centre of excellence for cancer care

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An Initiative by

Vishwaradhya Cancer Hospital & Research Institute
Bapuji Cancer Hospital Trust,
INDIA

Vishwaradhya Cancer Hospital & Research Institute
Bada Cross, Davangere – 577-001, Karnataka, India



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Message From Chairman

It gives me immense pleasure to roll out our first newsletter issue. I thank the editorial team for doing such a fantastic job.

I would like to thank the medical fraternity community for making **VISHWARADHYA CANCER HOSPITAL & RESEARCH INSTITUTE** a grand success by referring patients.

We focus on comprehensive cancer management and this fact is emphasised in the article.

Shri. S.S Mallikarjun,
Chairman,
Bapuji Cancer Hospital Trust

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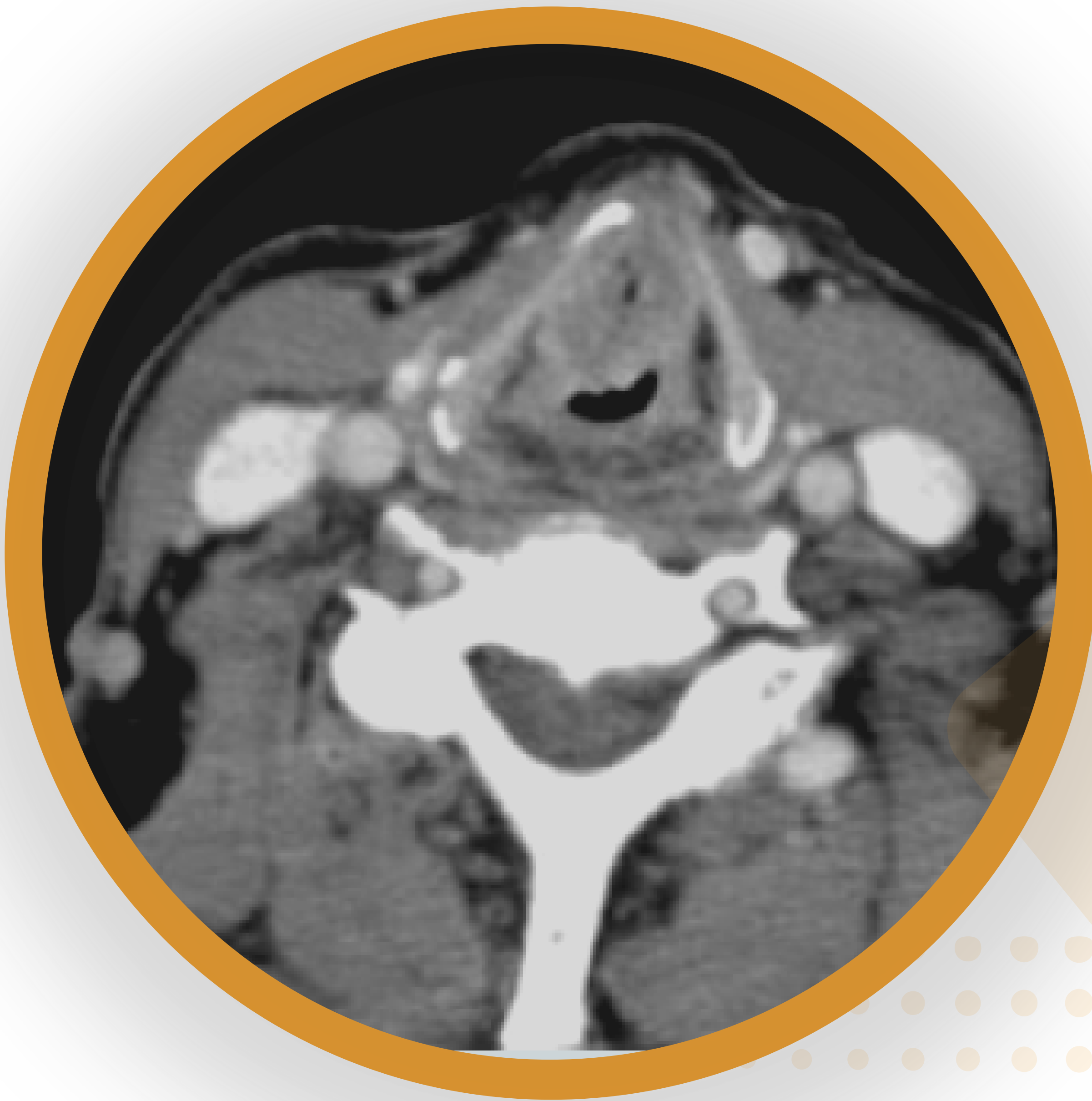
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STORY OF SALVAGE LARYNGECTOMY

A 54-year-old male presented with a change in voice for 2 months, was evaluated elsewhere and was diagnosed with carcinoma glottis cT1N0M0 stage 1 treated with radiotherapy in December 2020.

Later he presented with complaints of change of voice and foul breath for 4 months. He had difficulty swallowing and breathing. An emergency tracheostomy and laryngoscopy were done, Revealing a residual lesion in the glottis and subglottis. A biopsy was done. This was suggestive of granulation tissue.

A repeat biopsy procedure with deeper bites was attempted, however, histopathology was suggestive of granulation tissue. This is the case of dysfunctional larynx. The patient was counselled for a laryngectomy.

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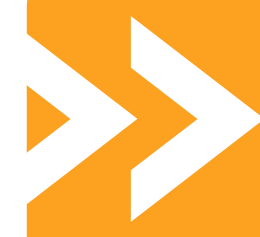
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THE UNFORTUNATE STORY OF A SALVAGE LARYNGECTOMY

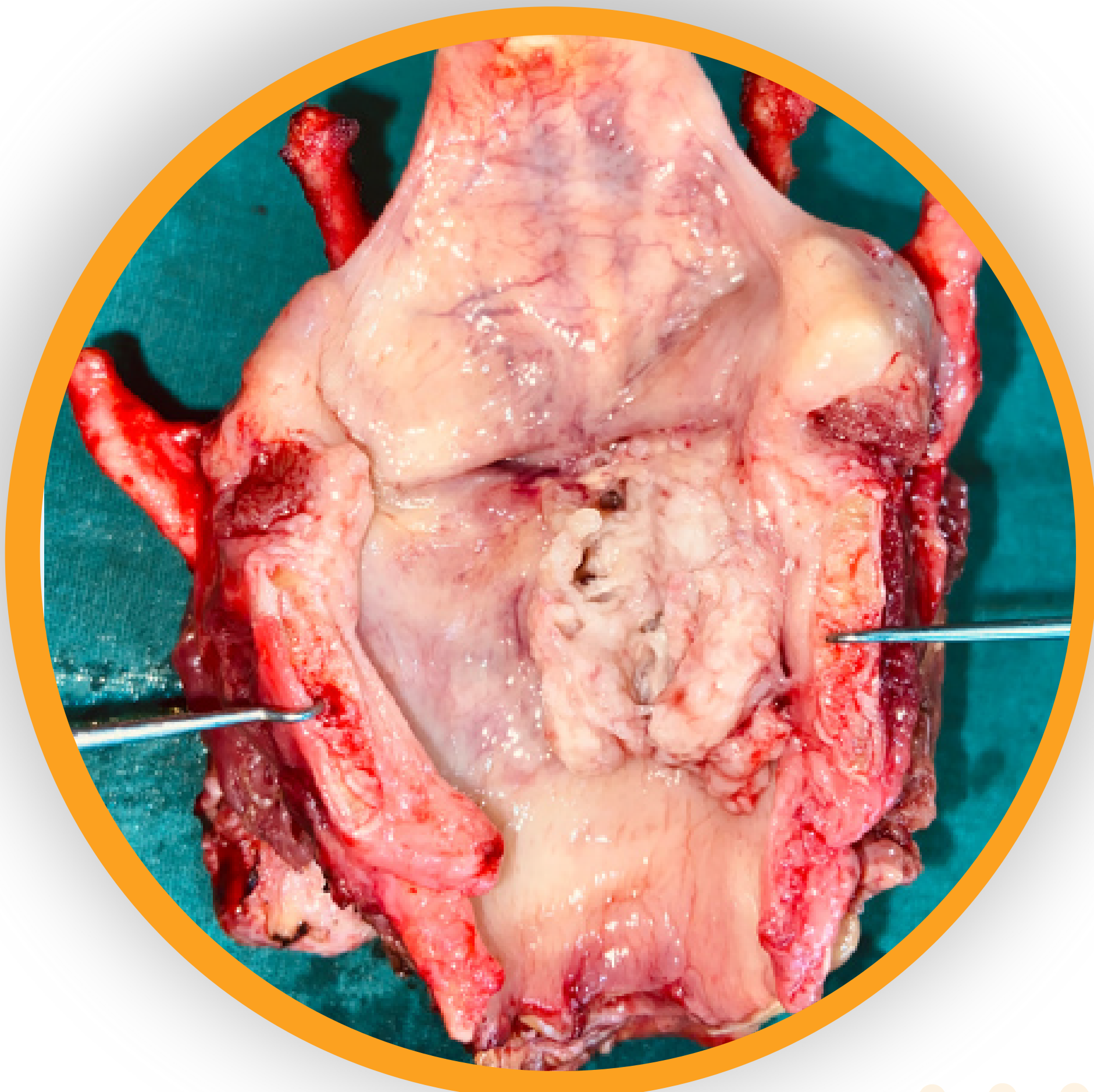


Fig. No 2 : Total laryngectomy specimen cut open from the posterior showing a frank lesion on the right glottis and subglottis.

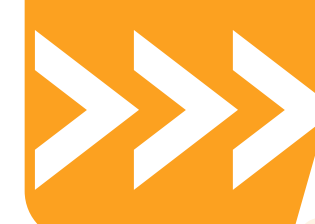
CECT Imaging revealed non-specific findings of edematous lesions in the glottis and subglottis with post-RT changes. This was a suggestive residual lesion.

Total laryngectomy with partial pharyngectomy was done. Neopharynx augmented with pectoral major myocotaneous flap.

The specimen revealed a frank lesion in the glottis and subglottis. Histopathology confirmed the diagnosis of a residual Squamous cell carcinoma.



Fig. No 3: Anterior view of the total laryngectomy specimen along with the overlying indurated skin.



DISCUSSION AND CONCLUSION:

After radiation therapy to laryngopharynx, there can be residual disease masked by overlying granulation tissue.

This can lead to misdiagnosis and inappropriate treatment. Hence a high index of suspicion and proper counselling of the patient and attenders is mandatory to achieve better outcomes in the management of head and neck malignancy.

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OUR DEDICATED DOCTORS

RADIATION ONCOLOGY

Dr.Rajeev A.G
Dr.Mahantesh

ANESTHESIOLOGY

Dr.Deepak
Dr.Supriya Lamani

MEDICAL ONCOLOGY

Dr.Suman Kalyan
Dr.Kiran Kattimani

PHYSIOTHERAPY

Dr.Pooja

SURGICAL ONCOLOGY

Dr.Channabasappa Kori
Dr.Ajay

DENTAL SURGERY

Dr.Priyanka Yelamali

ONCOPATHOLOGY

Dr.Mohan Kulkarni
Dr.Snehal Reddy
Dr.Kanchana

HEAD AND NECK ONCOLOGY

Dr.Jagadish Tubachi
Dr.Shirish Patil
Dr.Tejesh Yelamali
Dr.Vigneshwar.S
Dr.Prajwal

RADIOLOGY

Dr.Santhosh Kulgoud
Dr.Bharat Jain

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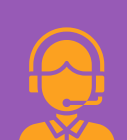
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