

Wznowa wokół tracheostomy po całkowitym usunięciu krtani

Stomal recurrence after total laryngectomy

Witold Szyfter, Aleksandra Kruk-Zagajewska, Łukasz Borucki, Wojciech Gawęcki, Piotr Milecki

Summary

Stomal recurrence after total laryngectomy is a very serious complication, in general with dismal prognosis. There are only a few possibilities of treatment, so stress should be put on prevention. **Material:** In the ENT Department Poznań University of Medical Sciences between 1997—2004 829 total laryngectomy were performed, because of advanced laryngeal cancer (T3, T4). In this group until May 2005 37 cases of stomal recurrence were found. **Aim:** The aim of this study was to analyse the group of patients stomal recurrence. **Results:** Stomal recurrence developed in 35 men and 2 women. The age of patients was 43—79 years (mean 59 years). The time of lasting the symptoms before laryngectomy was 6—12 months (mean 8 months). The emergency tracheotomy was performed in 16 patients (43%). The time between tracheotomy and laryngectomy was 2 days to 3 weeks (mean 6 days). The subglottic extension was observed in 24 patients (65%). 19 patients (51%) was classified as T3, 18 (49%) as T4. 12 patients (32%) was classified as N0, 5 (14%) as N1, 16 (43%) as N2 and 4 (11%) as N3. 4 patients were earlier treated because of larynx cancer (2 of them has laser chordectomy and 2 fronto-lateral laryngectomy). The time between laryngectomy and radiotherapy was 4—15 weeks (mean 7 weeks). 22 patients (59%) were classified (due Sisson et al) as type I, 12 (32%) type II, 2 (6%) type III and 1 (3%) type IV. The treatment of stomal recurrences consisted of surgical resection of tumor, chemotherapy, radiotherapy, brachytherapy or palliative treatment. 34 patients died, 2 are presently treated and 1 is near 5 years free of disease after surgical treatment. **Conclusions:** Patients with stomal recurrences begun primary treatment in locally and regionally advanced disease. In more than 60% of patients subglottic extension was observed. Emergency tracheotomy may predispose to stomal recurrence. Limited possibilities of treatment of stomal recurrences are the reason of very poor prognosis in this group of patients. During total laryngectomy paratracheal lymphatic nodes should be looked for and dissect.