Różnica w ocenie stopnia zaawansowania raka krtani w badaniu klinicznym i histopatologicznym

The difference of larynx cancer stage evaluation between clinical and pathological examinations

Edyta Wolny, Adam Idasiak, Jerzy Wydmański, Leszek Miszczyk

Summary

Purpose: Comparison of stage larynx carcinoma and estimation of hazard dissemination lymph nodes in preoperative clinical and postoperative histological examination according to the TNM staging system. **Material and methods:** The group of 100 patients with previously untreated squamous cell carcinoma of larynx was analysed. The material consist-ed of: 89 man and 11 women of age 39 to 78 year old (average 56). There were 51 patients with supraglottic carcinoma, 39 with glottic carcinoma, 4 with subglottic carcinoma and 6 patients had all larynx occupied. The anaplastic degree checks out brought following results: G1 — 17 cases, G2 — 54, G3 — 13 and 16 cases were not estimated. The diseases stage was defined preoperatively and postoperatively. The number and risk lymph nodes metastases were correlated with the diameter and topographical distribution. **Results:** The following of clinical examination were estimated: T2 — 49 patients, T3 — 40, *T4* — 11. On the case of postoperative histological examination following stages were found: pT2 — 29, pT3 — 34, pT_4 - 37. According to clinical nodal staging we found: N0 - 70, N1 - 13, N2a - 4, N2b - 6, N2c - 6, N3 - 1. The post-operative nodal stage verification showed: N0 — 64, N1 — 11, $N2_a$ — 4, N2b — 17, $N2_c$ — 4, N3 — 0. The harmony of clinical and pathological tumor stage was found in 62 cases and 38 patients were more advanced in pathological examina-tion. In 62 cases the agreement between clinical and pathological N stage was found. In other 38 cases we found differ-ent N stage. In group with clinical enlarge lymph nodes 91% cases were metastases. The topographical distribution of the nodal metastases is determined. The most occupied group of lymph nodal are: upper cervical nodes — 44%, the mid jugular nodes — 31%, submaxillary nodes — 14%, low jugular nodes — 6%, perilaryngeal — 5%. The risk of nodal metastases with diameter to 1 cm is 9% (659 lymph nodal), to 2 cm 15% (48 nodal), above 3 cm (8 nodal) 100%. **Conclusion:** The agreement of larynx carcinoma T stage in clinical examination is considerably incompatible with postoperative pathological examination. In postoperative examination a bigger rate of higher larynx cancer stage was found. The clinical regional lymph node examination is in good agreement with postoperative histological examination. Hazard metastases to lymph nodal is increased in diameter nodal in larynx lesions.