



Journal CHEP

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Eric F Post

**Division of Otorhinolaryngology
Faculty of Health Sciences
Tygerberg Campus, University of Stellenbosch**

Supracricoid Partial Laryngectomy (larynx Ca)

- Italy
 - Retrospective
 - Aim: 1. Evaluate oncological outcome
2. Determine prognostic factors
 - 253 pt = 180 CHP – glottic Ca 138
SG Ca 42
73 CHEP - glottic
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Table 1. Pathological TNM Classification for CHP and CHEP

Pathological TNM Classification	CHP		CHEP Glottic (n = 73)	Total, % (N = 253)
	Glottic (n = 138)	Supraglottic (n = 42)		
T1 N0	6	2	19	10.7
T2 N0	68	22	48	54.5
T2 N1	4	2	0	2.4
T2 N2	2	1	0	1.2
T3 N0	45	7	5	22.5
T3 N1	2	3	1	2.4
T3 N2	1	0	0	0.4
T4 N0	7	3	0	4.0
T4 N1	1	0	0	0.4
T4 N2	2	2	0	1.6

Abbreviations: CHEP, cricohyoidoepiglottopexy; CHP, cricohyoidopexy

CHEP

- Cricohyoidepiglottopexy
 - Preserve swallow + speech
 - Spare part of epiglottis, arytenoids with innervation
 - Sleeve-like resection:
 - Thyroid cartilages + base of epiglottis + paraglottic space removed
 - From hyoid – cricoid
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CHEP

- Piquet et al, France, 1974
 - T2, T3 glottic Ca
 - 75 % 5 yr survival
 - 5% recurrence
 - All N deglutition (2 occ. Aspiration)
 - All satisfactory speech
 - Arytenoid mucosa vibrate against epiglottis
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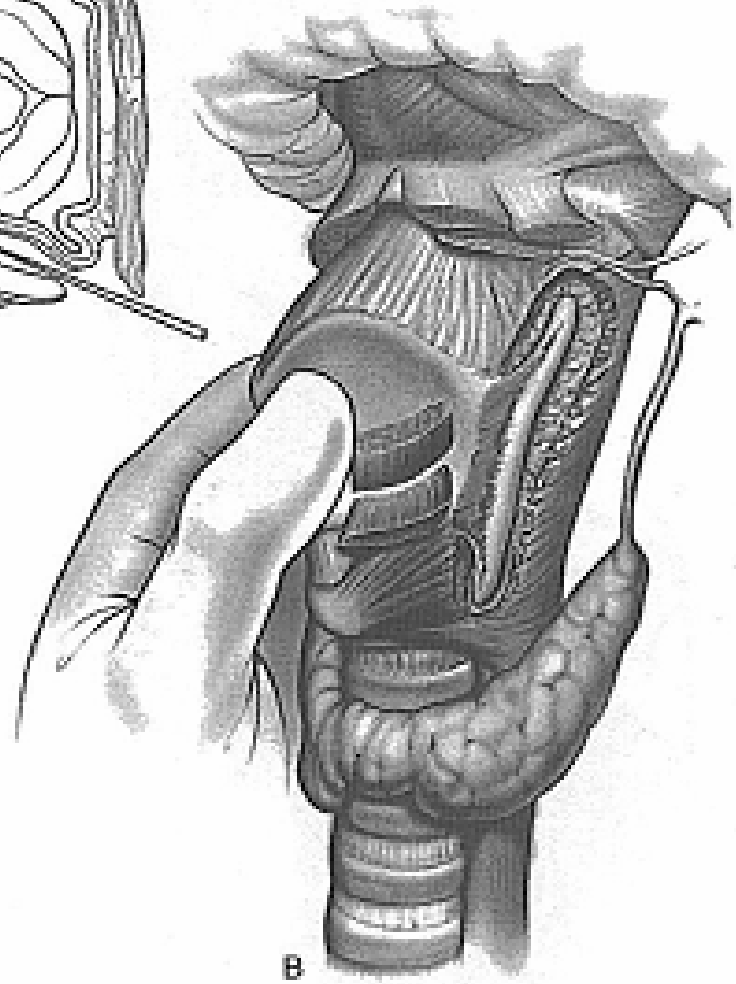
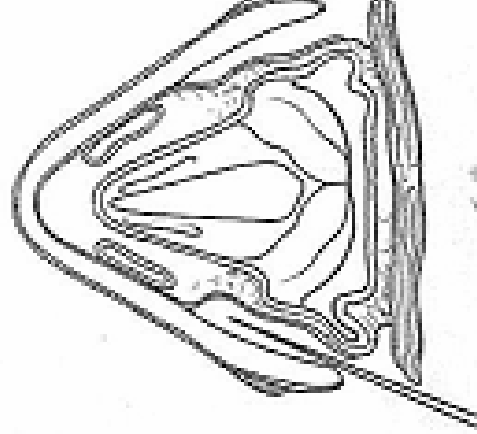
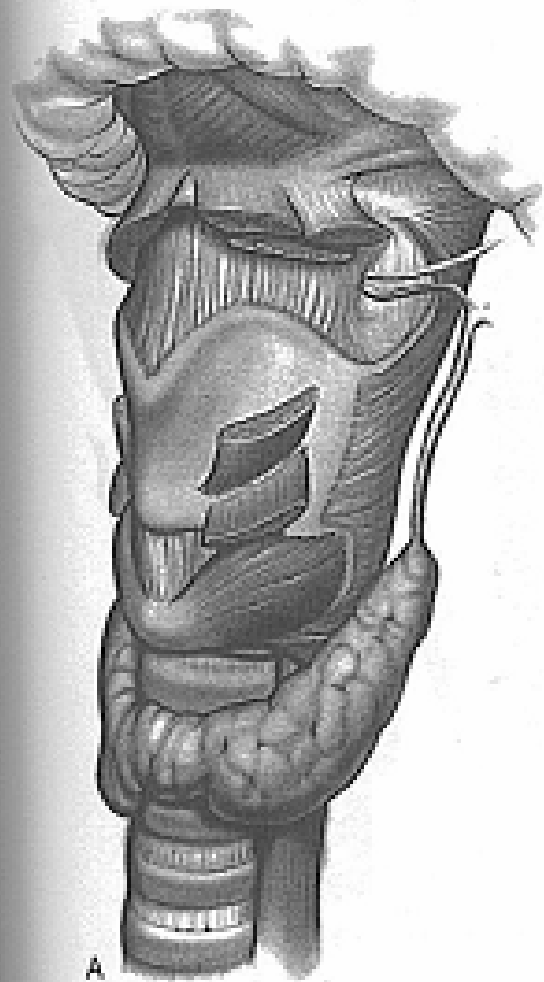
CHEP

■ Indications

- Ant 2/3 VC
- Entire VC with ↓ mobility
- Early ventricular Ca
- Early ant. Commisure Ca
- Both VC

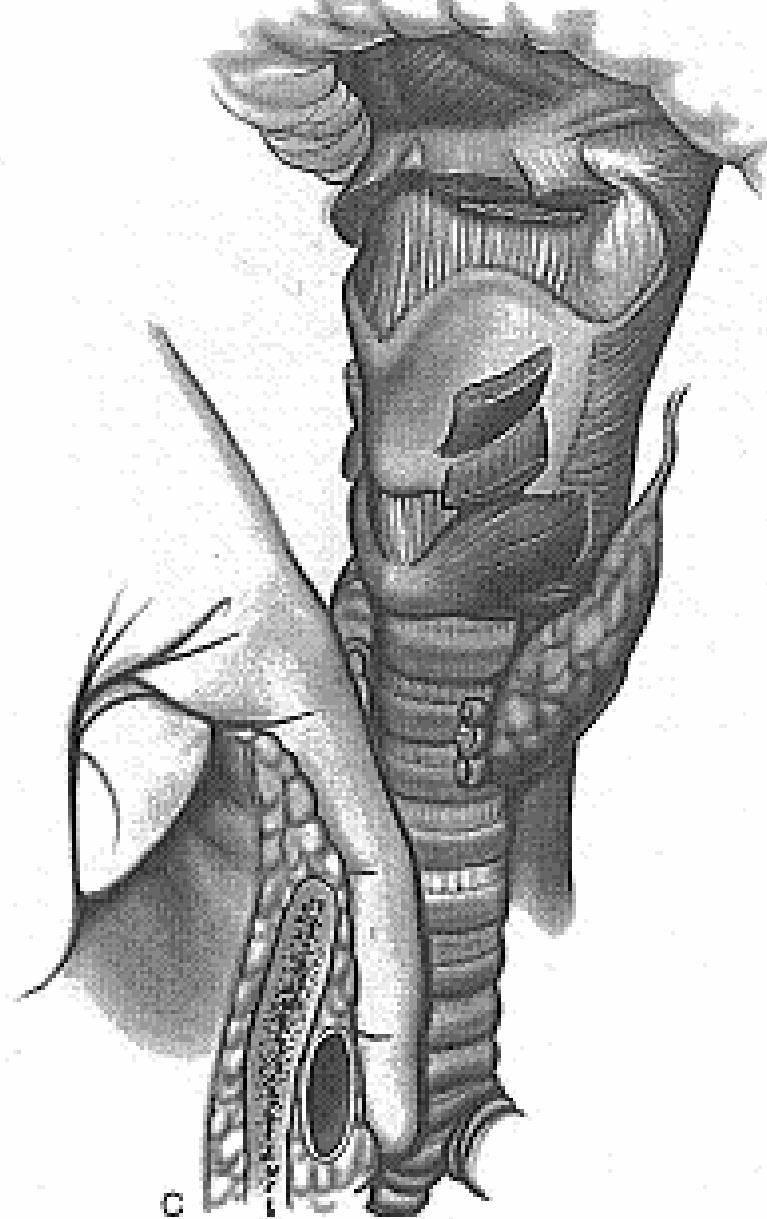
■ Contraindications

- Immobile arytenoid (tumor fixing cartilage)
 - Subglottic > 7 mm
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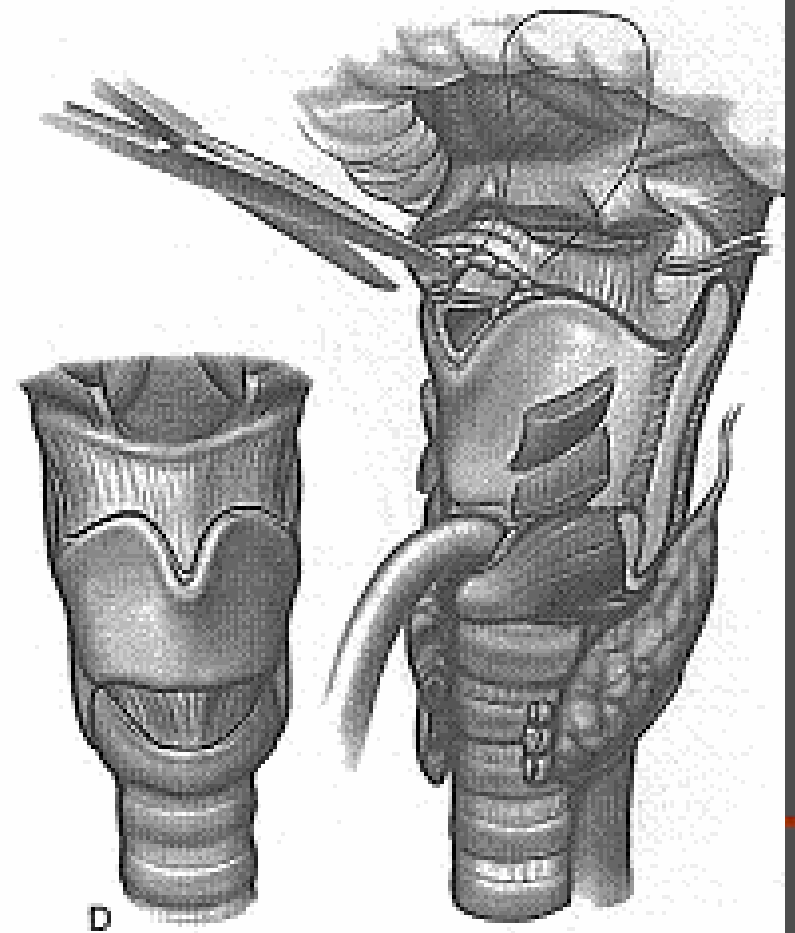


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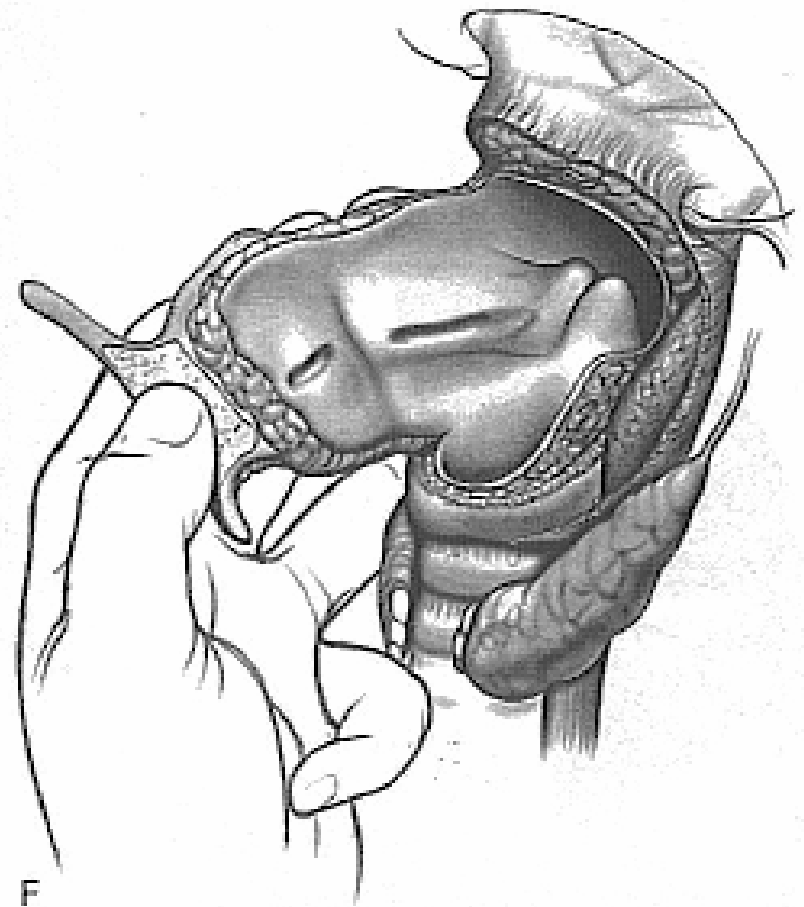
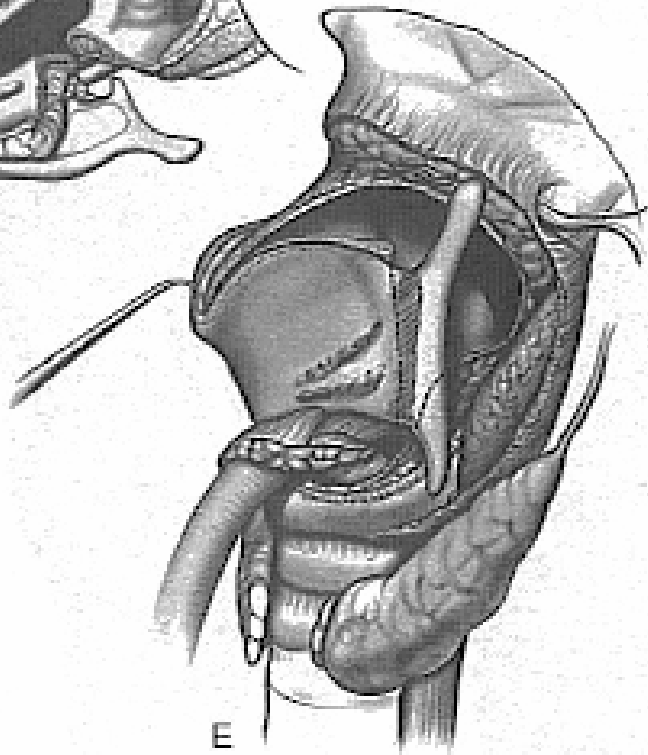
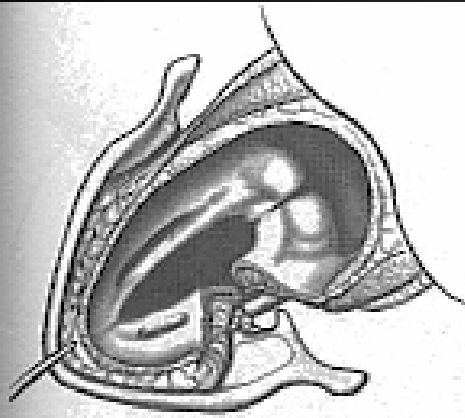
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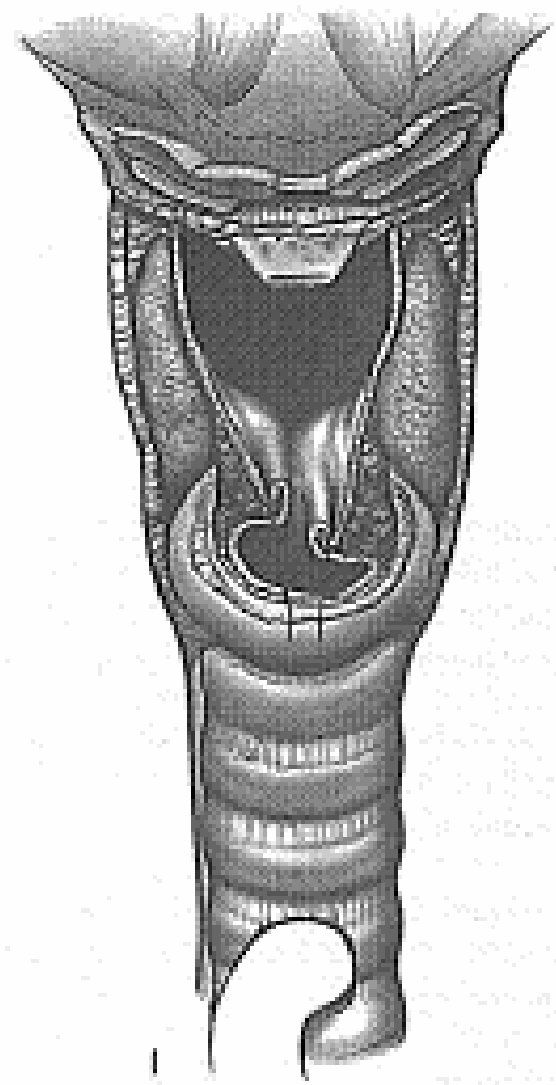
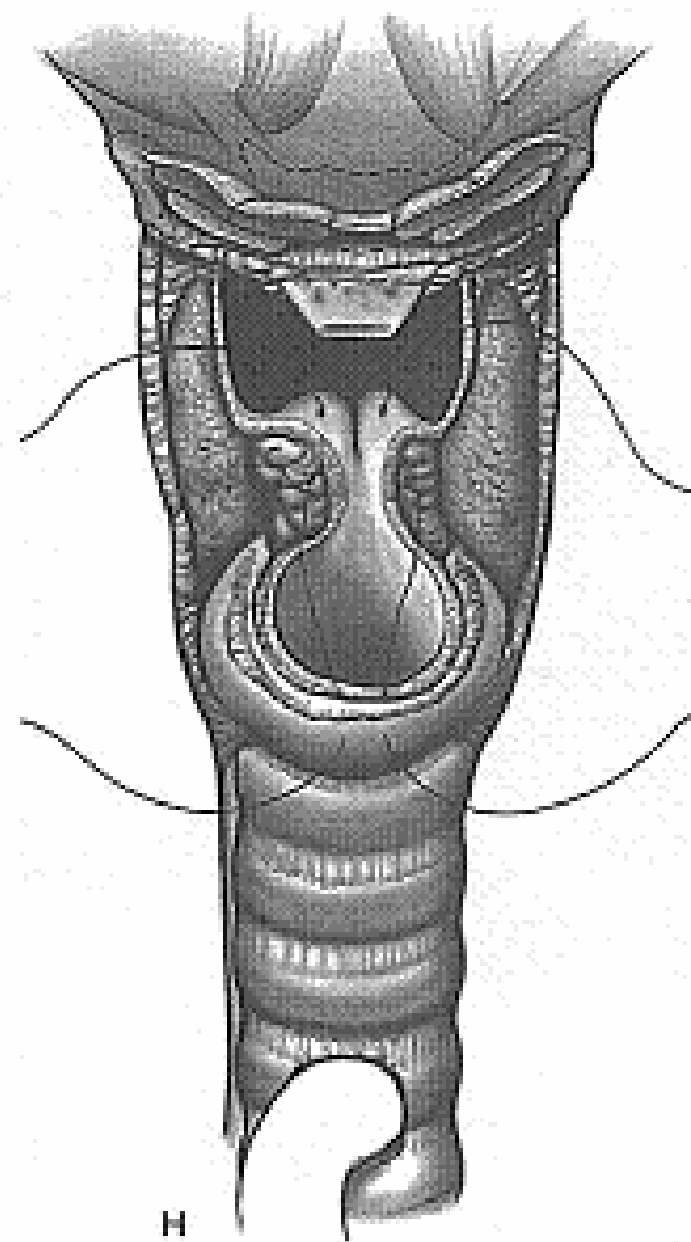
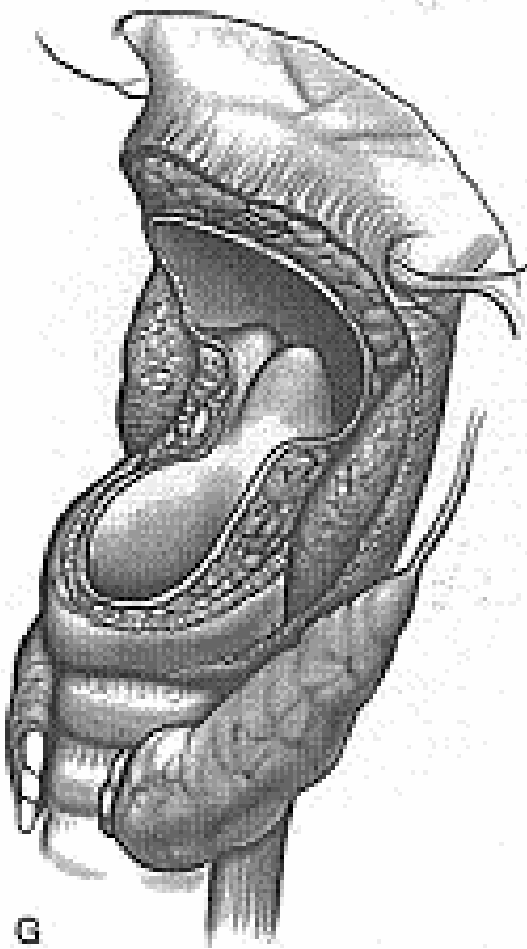


C



D

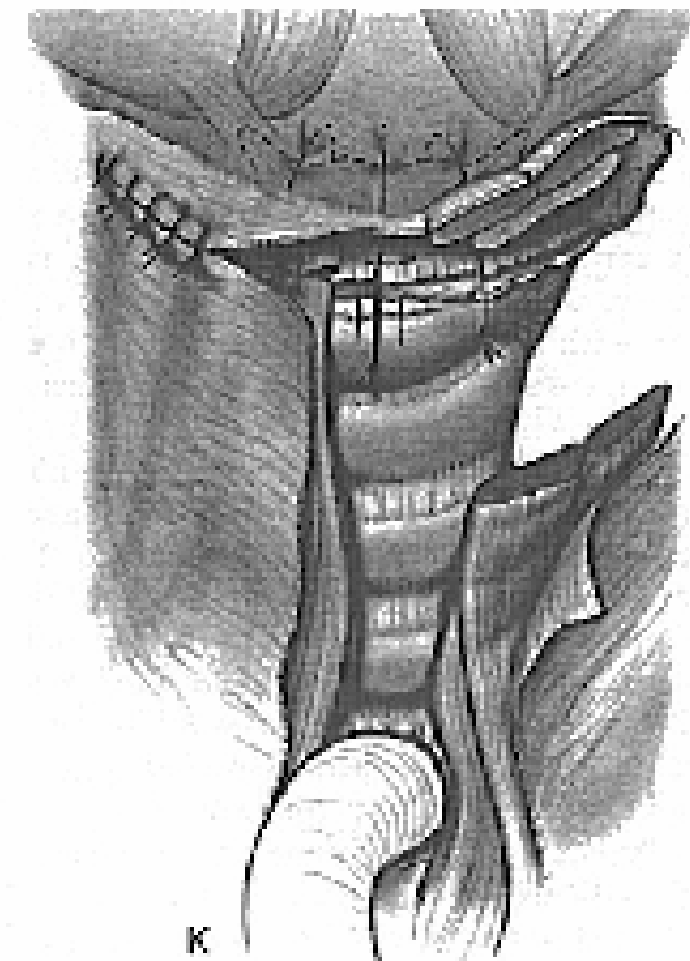
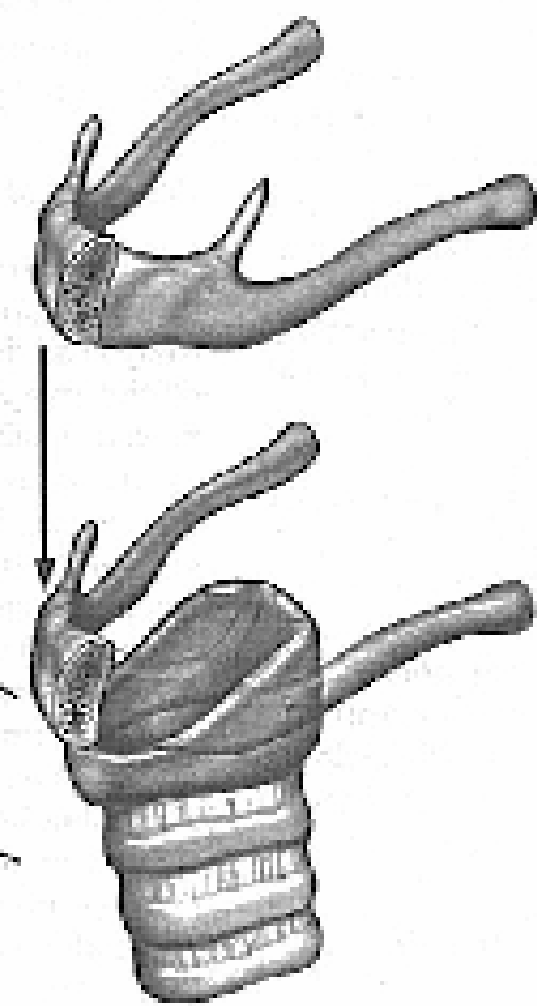
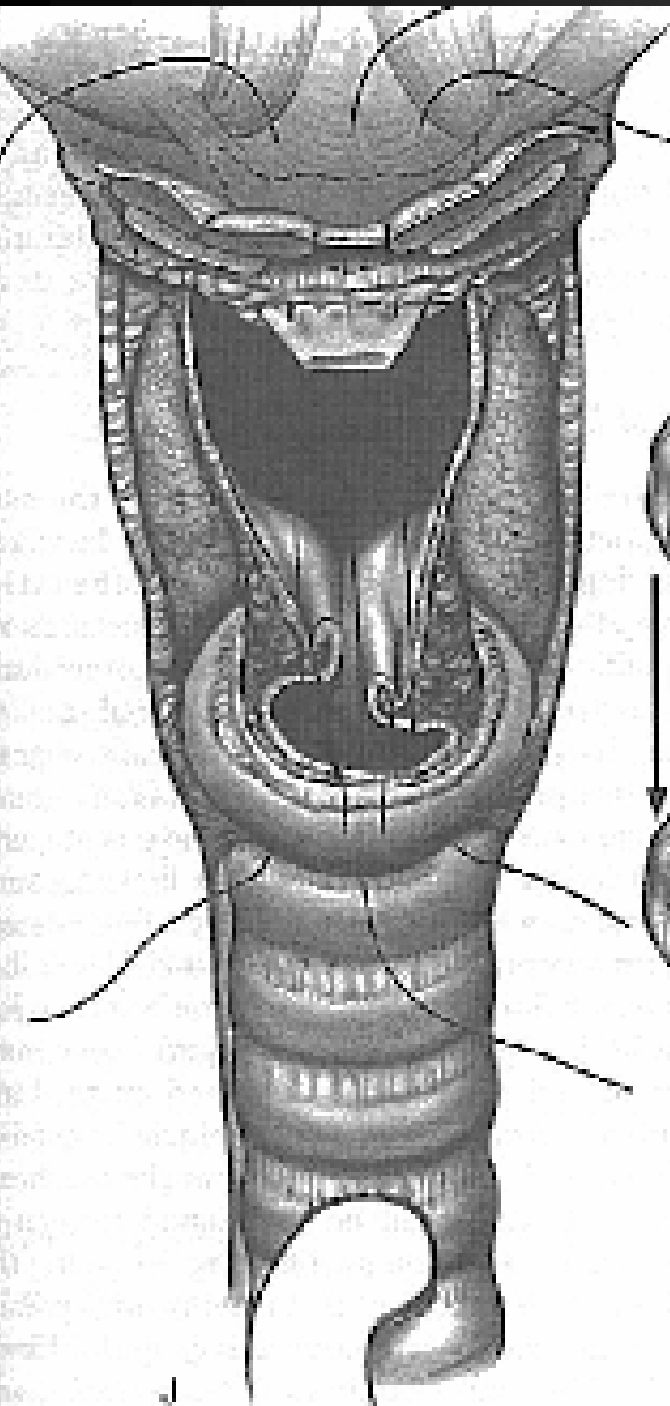




G

H

I



Results

- (+) margins
 - Dysplasia = invasive Ca
 - Timing differs
 - 0.5 cm or less from margin
 - Only predictor of recurrence
 - 5 yr survival
 - 86,1 %
 - Recurrence – 45,5%
TL +/- RoRx
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Results

- SCPL = valid Rx for selective group of pt
 - CHEP alt to partial L (vertical / horizontal)
 - CHP alt to TL

 - Prognostic factors for survival
 - 1st = Recurrence
 - Also T, N, staging, (+) margins
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