

Surgical treatment of advanced oropharyngeal cancer by preservation of the larynx

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This retrospective study evaluates the treatment and functional results obtained in 61 patients with advanced oropharyngeal cancer who underwent extended tumor resection as a primary treatment procedure or as salvage surgery. Although the oropharyngeal cancers involved the base of the tongue, and some of them extended to the lateral hypopharyngeal wall, the surgery was performed without total laryngectomy. In 5 cases, the tumor extended to the vallecula and/or to the pharyngo-epiglottic fold, which required supraglottic laryngectomy. In all patients, the closure of tissue defects after extended tumor resection was done with flap reconstruction. The most preferred method was the pectoralis major myocutaneous flap. The survival rates were 75% at 1 year, 31% at 2 years, and 25% from 2 to 5 years. In this series, satisfactory functional results were obtained. Most of our patients had their larynx and voice preserved. In one of our patient, the nasogastric tube could not be removed and, in another, decanulation was not possible because of persistent oedema after postoperative radiation.

Key words: oropharyngeal neoplasms-surgery; treatment outcome

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