

14

Laryngeal Carcinoma

I. GROSS DESCRIPTION

Specimen

- biopsy/hemi-/partial or total laryngectomy/neck dissection.
- size (cm) and weight (g).

Typically presenting with hoarseness, investigation is by indirect laryngoscopy with biopsy. Chest X-ray and endoscopy of the upper aerodigestive tract are done to exclude a concurrent cancer elsewhere. CT and MRI are used to stage the tumour and cervical lymph node enlargement necessitates FNA to establish if there are metastases. Tumour stage and fitness of the patient determine the appropriate choice of treatment, i.e. radiotherapy, laryngectomy, neck dissection. Laryngectomy may also accompany a pharyngectomy for cancer of the hypopharynx.

Tumour

Site

supraglottic	20%
glottic	70%
infraglottic	5%
transglottic	5%

Supraglottis: from the tip of the epiglottis to the true cords including the aryepiglottic folds, false vocal cords and ventricles.

Glottis: true cords and anterior commissure.

Subglottis: from the lower border of the true cords to the first tracheal cartilage.

Anterior/posterior/lateral(right, left)/commissural/ ventricles/false cords. Anterior glottis is the commonest site.

Size

- length × width × depth (cm) or maximum dimension (cm).

Appearance

- polypoid/verrucous/plaque/ulcerated/multifocal.

Edge

- circumscribed/irregular.

2. HISTOLOGICAL TYPE***Squamous cell carcinoma***

- 90% of cases.
- keratinizing/non-keratinizing.

variants:

- verrucous: broad based exophytic and “church-spire” hyperkeratosis with a pushing deep margin of cytologically bland bulbous processes arising in the glottis. Locally invasive, rarely metastatic, radiation may result in anaplastic change. 70% 5-year survival.
- papillary: >70% papillary or exophytic fronds, covered by malignant type epithelium with focal invasion at the base. Better prognosis (70% 5-year survival).
- spindle cell: polypoid, glottic, elderly, ±history of irradiation for previous carcinoma. A minor squamous element is present (in-situ or invasive) with a major variably pleomorphic fibrosarcoma-like component. Diffuse or focal cytokeratin (70% – AE1/AE3) positivity suggests that it is a metaplastic form of carcinoma. Prognosis is better if polypoid and superficial than infiltrative, when the outlook is poor. Distinguish from sarcoma and bizarre post-irradiation granulation tissue.
- basaloid: poor prognosis, nests of basaloid cells with peripheral palisading and central comedonecrosis, hyalinised stroma.

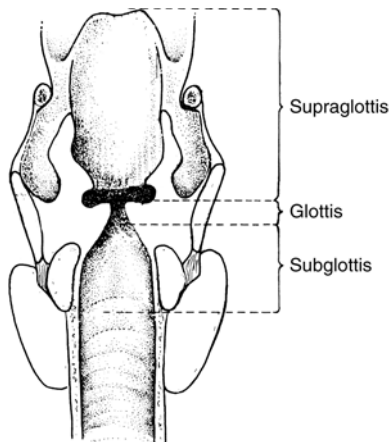


FIGURE 14.1. Larynx. 