

PRIMARY SUBGLOTTIC MELANOMA OF THE LARYNX: REPORT OF CASE

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KEY-WORD: Melanoma of larynx; Subglottic; Head and Neck Cancer

INTRODUCTION

Only 1.3% of melanomas affect the mucous membranes, of these, around 55% occurs on head and neck. Primary malignant melanoma of the larynx is rare neoplasm with fewer than 70 reported cases in the literature and only two cases involving subglottic according to the medical literature.

CASE REPORT

66-year-old man, with a history of cigarette smoking and alcoholism. Reports in an initial interview that he worked with rock crystal in a mine and in a plastic industry with polyvinyl chloride (PVC). Present dysphonia as the first symptom and hoarseness as the main complaint. He was underwent to an enlarged supracricoid laryngectomy with partial inclusion of the cricoid ring on the right, and reconstruction with tracheohyoideopexy. In outpatient control, the patient is alive and without laryngeal cancer, although has a new primary of prostate, under treatment. He presents hoarse, breathy and tense vocal quality, and intermittently diplophony, however, due to Voice Handicap Index (VHI), the patient does not show any impact in the functional, emotional and organic domains. As for the swallowing function, the videofluoroscopy examinations, shows a stasis in vallecula space, especially with liquid and small volume, and the patient exhibit greater control of the bolus and absence of stasis in vallecula in the pasty consistency. For the Swallowing Quality of Life Questionnaire (SWAL-QOL) and for the objective classification with ASHA National Outcomes Measurement System Scale (ASHA NOMS), there is no disturbance in swallowing function.

DISCUSSION

There is a preponderance of this neoplasm in male patients in the sixth decade of life. As with laryngeal squamous cell carcinoma, smoking is also reported as a cause of laryngeal melanoma. But in addition, exposure to other carcinogenic agents such as inhalation of free crystalline silica and components of plastic such as polyethylene and polyvinyl chloride should be considered in the case as possible etiological factors associated with this type of neoplasia.



Fig. 1. FACE: (A) lips sealed. (B) smiling. (C) head turned to the right.

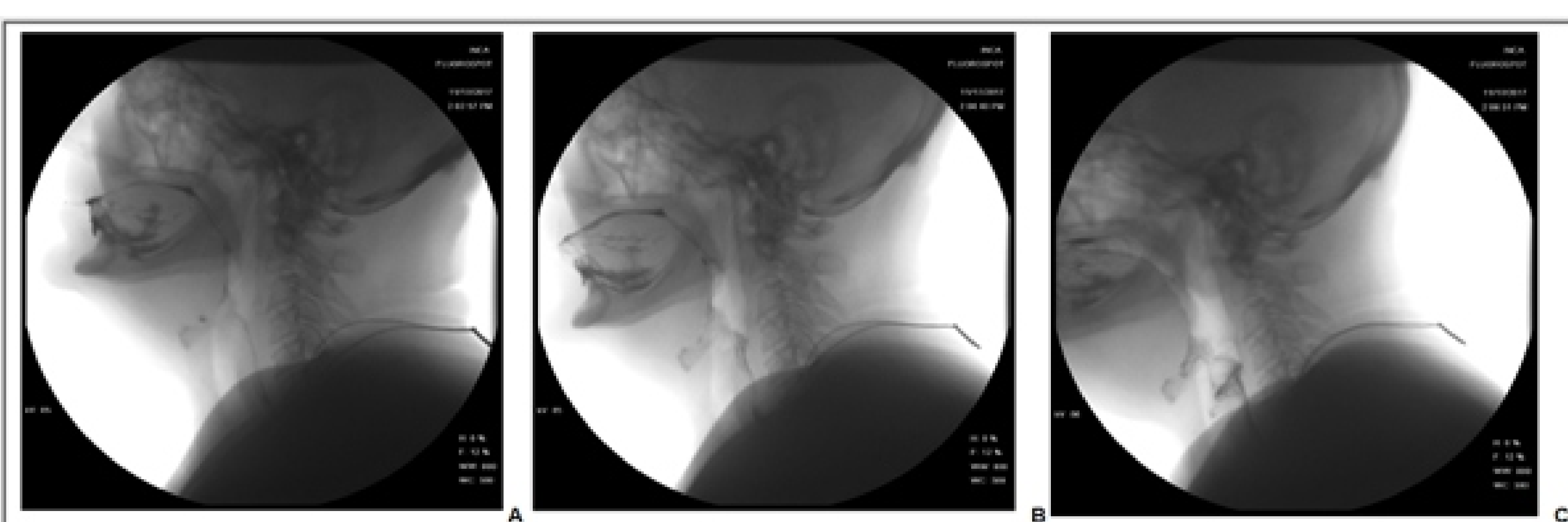


Fig.2 VFSE: During the esophageal phase (A) after swallowing with thin liquid (5ml), shows a small stasis in oral cavity and vallecula space. (B) Swallowing with semiliquid (5ml), shows a stasis in oral cavity and vallecula space. (C) Swallowing with pasty (5ml), shows a stasis in oral cavity and piriform sinus.

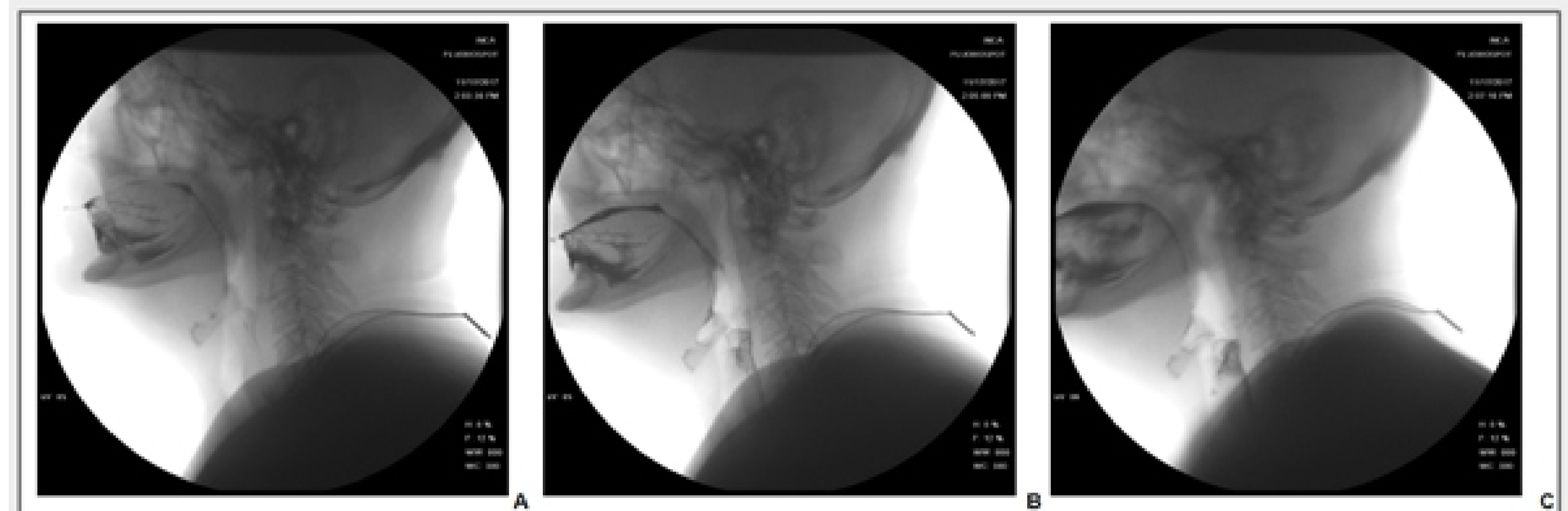


Fig.3 VFSE: During the esophageal phase (A) after swallowing with thin liquid (10ml), shows a small stasis in oral cavity and vallecula space. (B) Swallowing with semiliquid (10ml), shows a stasis in oral cavity and vallecula space. (C) Swallowing with pasty (10ml), shows a stasis in oral cavity and piriform sinus. In the pasty consistency, due to the presence of a more cohesive bolus, the patient presented greater control and cleaning after swallowing.

TABLE 1- Protocols of Swallowing

PROTOCOLS	STANDART	RESULT
SWAL QOL ¹	101	195
ASHA NOMS ²	Level 7	Level 7

Swallowing Quality of Life Questionnaire¹
American Speech - Language - Hearing Association National Outcomes Measurement System²

TABLE 2- Protocol: Consensus Auditory-Perceptual Evaluation of Voice - CAPE-V

ATTRIBUTES	%	CONSTANCY
Overall Severity	22	Constant
Roughness	50	Constant
Breathiness	43	Constant
Strain	43	Constant
Pitch	5	Constant
Loudness	5	Constant
DIPLOPHONY	50	Intermittent

TABLE 3- Protocol of the Voice Handicap Index - VHI

DOMAINS	DYSPHONIC STANDARD	RESULTS
Functional Aspect	12,0	5
Organic Aspect	22,2	0
Emotional Aspect	13,9	5
TOTAL	48,1	3,3

CONCLUSION

Laryngeal melanoma is a rare type of neoplasm that is most often treated with the total laryngectomy procedure. However, in the case report presented, it was decided to perform a less invasive surgery with the partial laryngectomy. Besides that, the patient maintained the basic stomatognathic functions, without major impacts to their normal quality of life.

REFERENCES

- Ahmad, S., Abdelghany, M., Goldblatt, C., Stark, O., & Masciotra, N. (2014). A case of primary subglottic malignant melanoma with a successful surgical treatment. *Case reports in oncological medicine*, 2014.
- Lima, R. L. F., Nóbrega, M. Q. R., Moraes, M. D. L. S. A., Miguel, M. C. D. C., Lima, K. C. D., & Silveira, E. J. D. D. (2009). Estudo retrospectivo de melanomas cutâneos e mucosos na população do Estado do Rio Grande do Norte, Brasil.
- Pires, P. D. J. S., Añez, E. M., Birnfeld, D., Martha, V. F., & Steffen, N. (2011). Melanoma primário de laringe. *Revista da AMRIGS*, 55(2), 176-178.
- Zaghi, S., Pouldar, D., Lai, C., & Chhetri, D. K. (2013). Subglottic presentation of a rare tumor: primary or metastatic?. *JAMA Otolaryngology-Head & Neck Surgery*, 139(7), 739-740.