LARYNX ATYPICAL RECONSTRUCTION: FUNCTIONAL EVALUATION AFTER ONCOLOGICAL TREATMENT

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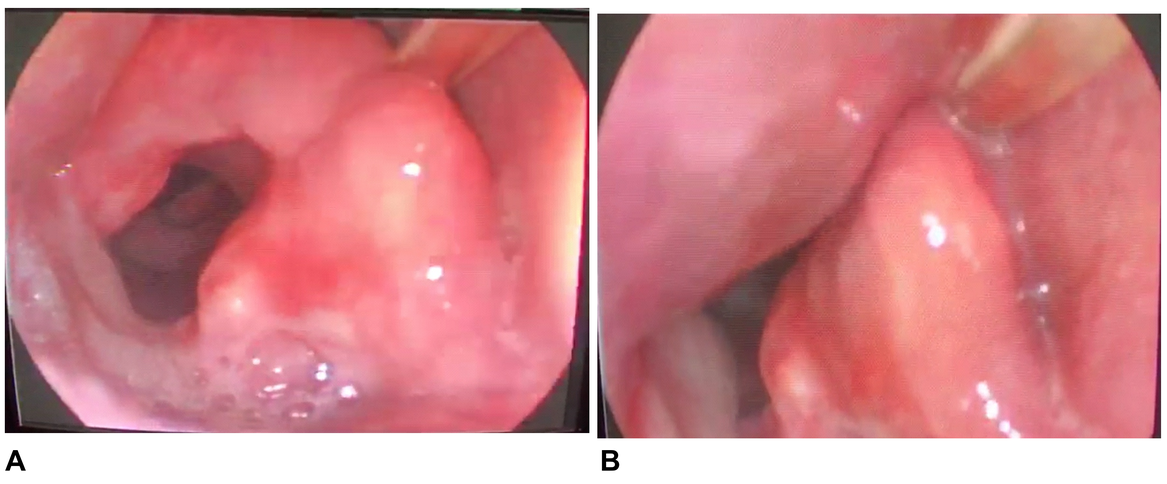
KEY-WORD: Case report; Atypical laryngeal surgery; Impacts.

CASE REPORT

A 69-year-old male patient, smoker and alcoholist for approximately 35 years and a transglottic tumor with predominance in the right supraglottis. Videolaryngoscopy showed a lesion in the right ariepiglottic fold, laryngeal face of the epiglottis with invasion in the right piriformis and tongue base. Presented the left cricoarytenoid process and vocal folds with preserved mobility. He was submitted to a broad supracricoid laryngectomy for the tongue base in the narrow field. Today in outpatient control and cancer-free control for a year. Phonation was preserved from the vibration of the left cricoarytenoid unit associated with the remaining structures. In the perceptual-auditory analysis, we noticed a hoarse-breathy vocal quality, a moderately altered intelligibility, and a discreet pitch and loudness deviation. Regarding the videofluoroscopic examination, aspiration was observed in all consistencies, mainly with liquids, but it had greater control in more pasteous consistencies. It does not mention complaints related to swallowing, but by the clinical and instrumental evaluation the need for compensatory strategies was observed. According to the quality of life protocols applied, there is no evidence of major impacts of treatment on quality of life.

DISCUSSION

Due to the atypical reconstruction of the larynx, a multiprofessional intervention is necessary for rehabilitation.The study of the functional impacts helps in the choice of the surgical technique that more preserves the anatomical structures. The vocal, aryepiglottic and vestibular folds serve as defense mechanisms of the lower airways during swallowing, their absence in this patient does not prevent swallowing because the movement of the cricoarytenoid unit associated with the remaining remaining structures. In order for the movement of these structures to be synergistic and effective, therapy aimed the teaching of cervical postural techniques, as well as strengthening the tongue base and pharyngeal builders. These movements also made possible vocal production. In the perceptual-auditory analysis, we noticed a hoarse-breathy vocal quality, a moderately altered intelligibility, and a discreet pitch and loudness deviation.He does not mention complaints related to swallowing, but by the clinical and instrumental evaluation the need for compensatory strategies is observed.



A B

Fig. 1: Visualization of pharyngolaryngeal structures in the immediate postoperative period. Resection of the aryepiglottic and arytenoid fold on the right side and absence of the vocal folds. Figure A structures are in abduction and Figure B in adduction.adução.

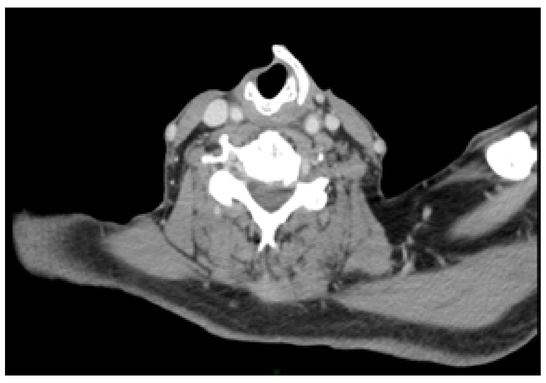


Fig. 2: Computed tomography in the postoperative period. The preservation of part of the cricoid cartilage and hyoid bone.

TABLE 1- Protocols of Swallowing

PROTOCOLS	RESULTADO
UW Qol[1]	90%
FOIS[2]	Level 4

Swallowing Quality of Life Questionnaire[1]
Functional Oral Intake Scale[2]

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

ATTRIBUTES	%	CONSTANCY
Overall Severity	60	Constant
Roughness	70	Constant
Breathiness	30	Constant
Strain	5	Constant
Pitch	10	Constant
Loudness	30	Constant

TABLE 3- Protocol of the Voice Handicap Index (VHI)

DOMAINS	DYSPHONIC STANDARD	RESULTS
Functional Aspect	12,0	30
Organic Aspect	22,2	65
Emotional Aspect	13,9	30
TOTAL	48,1	41,7

CONCLUSION

It is concluded that the multiprofessional team, including speech therapy, is extremely important given the difficult and time-consuming rehabilitation. And even with moderate dysphonia and dysphagia, the preservation of functions was achieved and a good quality of life was guaranteed.

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