

## Liang ZHOU

Clinical Professor, Department of Otorhinolaryngology Head and Neck Surgery,  
Fudan University

# Partial laryngectomy in laryngeal cancer – pearls and pitfalls

Different modalities of treatment are available for laryngeal cancer. The options include open partial laryngectomy, transoral laser microsurgery and primary radiotherapy or chemoradiotherapy. There are advantages and disadvantages for each modality. The primary aim of treatment remains local control and disease free survival and in early laryngeal cancer (T1, T2 and selected T3) all these options lead to equivalent oncological outcomes. Thus quality of life issues such as voice, speech, deglutition and absence of permanent tracheostomy assume an important role when choosing the treatment modality. Open partial laryngectomy is a valuable tool for the treatment of early and some advanced laryngeal carcinomas. Especially when laryngeal overview is impossible using a laryngoscope, the open approach is a safe surgical technique. Open partial laryngectomies often offer superior overview and oncological safety at the anterior commissure, especially in recurrence. Open partial laryngectomy needs specific expertise to ensure reproducible results, as several unique challenges exist in case selection, technique and postoperative care. Transoral laser microsurgery offers precise cutting and coagulation capabilities, controlled by microscopic view and moreover this surgical technique leads to very good oncological and functional outcomes.

In this presentation, special attention is focused on different techniques of partial laryngectomy, including vertical partial laryngectomy, horizontal partial laryngectomy, supracricoid partial laryngectomy, transoral laser microsurgery, in the treatment of early and selected advanced staged laryngeal cancer. The oncological and functional outcomes of the patients operated on in our institution are discussed.

## 周梁

复旦大学附属眼耳鼻喉科医院耳鼻咽喉-头颈外科临床教授

# 喉癌的部分喉部切除术——优点及不足

喉癌有不同的治疗方式选择，其中包括开放式喉部分切除术、经口激光显微手术，放疗或放化疗。每种方式都有其优缺点。治疗的主要目标仍然是局部控制和无病生存，在早期喉癌（T1、T2 和选定的 T3）中，所有这些治疗方式的选择都会产生相似的肿瘤学结果。因此，在选择治疗方式时，诸如声音、言语、吞咽和无永久性气管造瘘等生活质量问题起着重要作用。开放式喉部分切除术是治疗早期和某些晚期喉癌的重要方式。尤其是当喉镜操作存在无法触及的区域时，开放入路是一种安全的手术技术选择。开放性喉部分切除术通常对于前连合部位的病变提供更好的切除和保证安全切缘，尤其对于复发的病例。因为在病例选择、技术和术后护理方面存在一些独特的挑战，开放式喉部分切除术需要特定的专业知识来确保可重复的结果。经口激光显微手术提供精确的切割和止血优势，由显微镜观察控制，此外，这种手术技术可带来非常好的肿瘤切除和术后功能结果。

在本报告中，特别关注点在于喉部分切除术的不同技术，包括垂直喉部分切除术、水平喉部分切除术、环上喉部分切除术、经口激光显微手术，用于治疗早期和选定的晚期喉癌。讨论了在我们医院接受手术的患者们的肿瘤学和功能结果。