UNG THƯ THANH QUẢN

BS.Trương Tuấn Nhựt

PK. HÔ HẤP – NSHH

MEDIC

Bệnh sử:

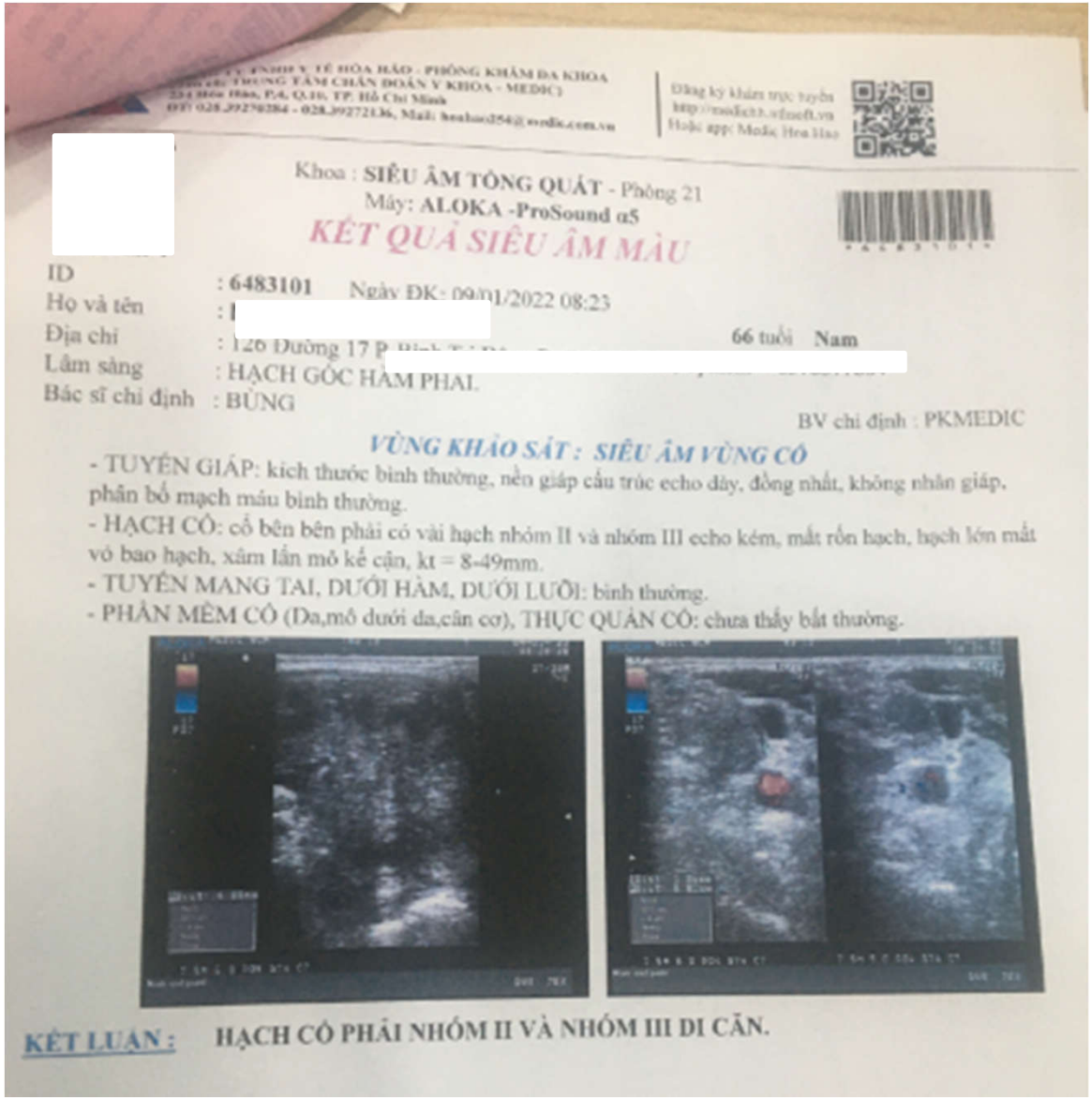
Bệnh nhân nam, 66 tuổi. Bệnh khoảng hơn 1 tháng, bệnh nhân sờ thấy xuất hiện hạch cổ phải, khàn tiếng, sụt cân, không đau đầu, không ù tai, không nghẹt mũi nên đến khám tại PK BS BV UB và chẩn đoán hạch góc hàm phải và chỉ định bệnh nhân đến Medic làm các xét nghiệm siêu âm vùng cổ và nội soi họng - thanh quản.

Tiền sử:

- Hút thuốc lá
- Chưa ghi nhận bệnh lý

Kết quả:

SA:



Khoa : SIÊU ÂM TỔNG QUÁT - Phòng 21
Máy: ALOKA -ProSound α5

KẾT QUẢ SIÊU ÂM MÀU

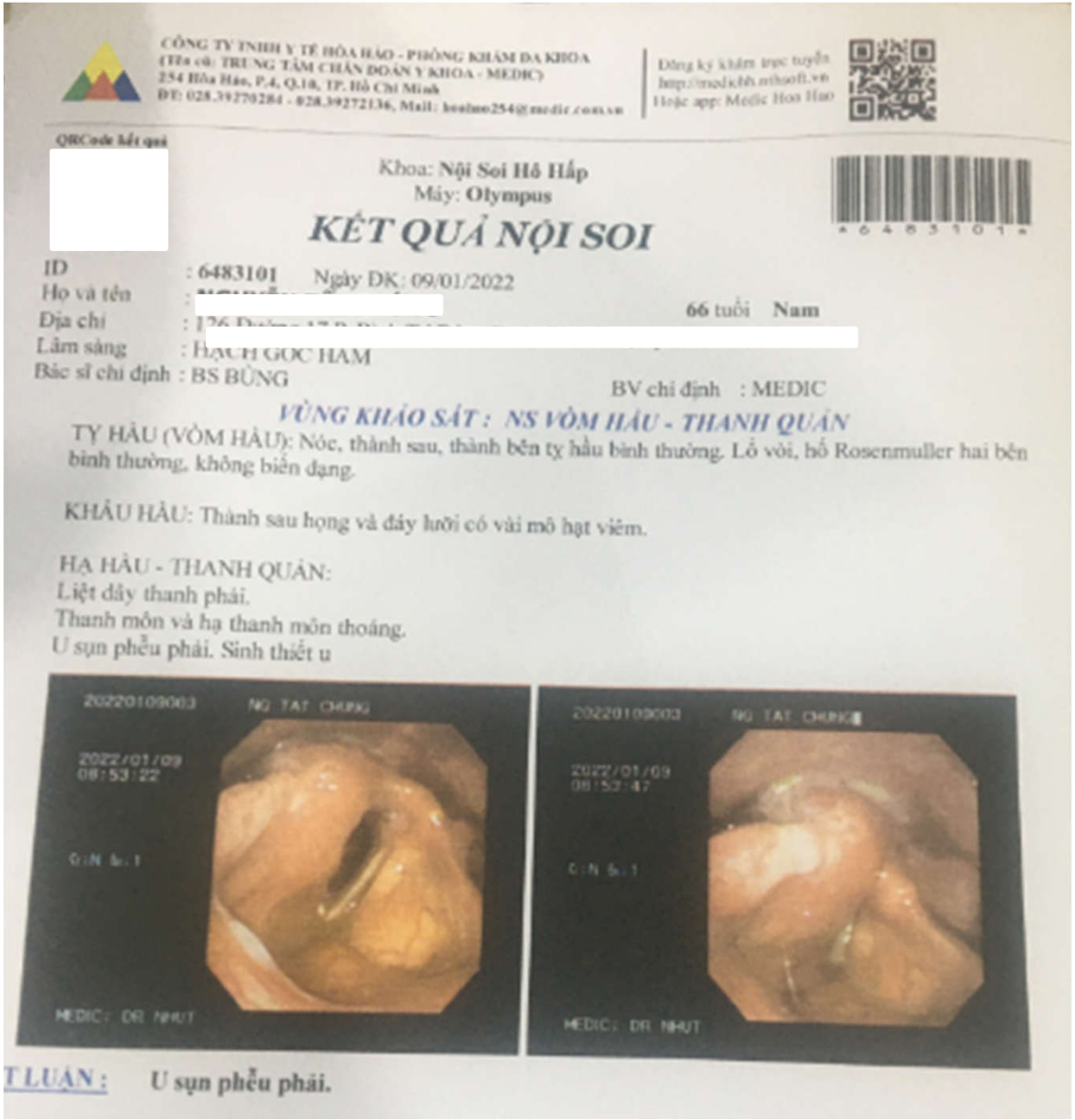
ID : 6483101 Ngày ĐK: 09/01/2022 08:23
Họ và tên : [redacted]
Địa chỉ : 126 Đường 17 P. [redacted] 66 tuổi Nam
Lâm sàng : HẠCH GÓC HÀM PHẢI.
Bác sĩ chỉ định : BỤNG
BV chỉ định : PKMEDIC

VÙNG KHẢO SÁT : SIÊU ÂM VÙNG CỔ

- TUYẾN GIÁP: kích thước bình thường, nền giáp cấu trúc echo dày, đồng nhất, không nhân giáp, phân bố mạch máu bình thường.
- HẠCH CỔ: cổ bên bên phải có vài hạch nhóm II và nhóm III echo kém, mất rốn hạch, hạch lớn mất vỏ bao hạch, xâm lấn mô kế cận, kt = 8-49mm.
- TUYẾN MANG TAI, DƯỚI HÀM, DƯỚI LƯỠI: bình thường.
- PHẦN MỀM CỔ (Da,mô dưới da,cân cơ), THỰC QUẢN CỔ: chưa thấy bất thường.

KẾT LUẬN : HẠCH CỔ PHẢI NHÓM II VÀ NHÓM III DI CĂN.

Nội soi họng – thanh quản:



CÔNG TY TNHH Y TẾ HÒA HẢO - PHÒNG KHÁM ĐA KHOA
(Tên cũ: TRUNG TÂM CHẨN ĐOÁN Y KHOA - MEDIC)
254 Hòa Hảo, P.4, Q.10, TP. Hồ Chí Minh
ĐT: 028.39270284 - 028.39272136, Mail: hoahao254@medic.com.vn

Đăng ký khám trực tuyến
http://medickh.nthoffi.vn
Hoặc app: Medic Hoa Hao

QRCode kết quả

Khoa: Nội Soi Hô Hấp
Máy: Olympus

6483101

KẾT QUẢ NỘI SOI

ID : 6483101 Ngày ĐK: 09/01/2022
Họ và tên : [redacted] 66 tuổi Nam
Địa chỉ : [redacted]
Lâm sàng : HẠCH GÓC HÀM
Bác sĩ chỉ định : BS BÙNG BV chỉ định : MEDIC

VÙNG KHẢO SÁT : NS VÒM HẦU - THANH QUẢN

TỴ HẦU (VÒM HẦU): Nóc, thành sau, thành bên tỵ hầu bình thường. Lỗ vòi, hố Rosenmuller hai bên bình thường, không biến dạng.

KHẨU HẦU: Thành sau họng và đáy lưỡi có vài mô hạt viêm.

HẠ HẦU - THANH QUẢN:
Liệt dây thanh phải.
Thanh môn và hạ thanh môn thoáng.
U sụn phễu phải. Sinh thiết u

T LUẬN : **U sụn phễu phải.**

Kết quả GPB:

CÔNG TY TNHH Y TẾ HÒA HẢO - PHÒNG KHÁM ĐA KHOA
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ĐT: 028.39270284 - 028.39272136, Mail: hoahao254@medic.com.vn

Đăng ký khám trực tuyến
http://medicbh.ehsoft.vn
Hoặc app: Medic Hòa Hảo

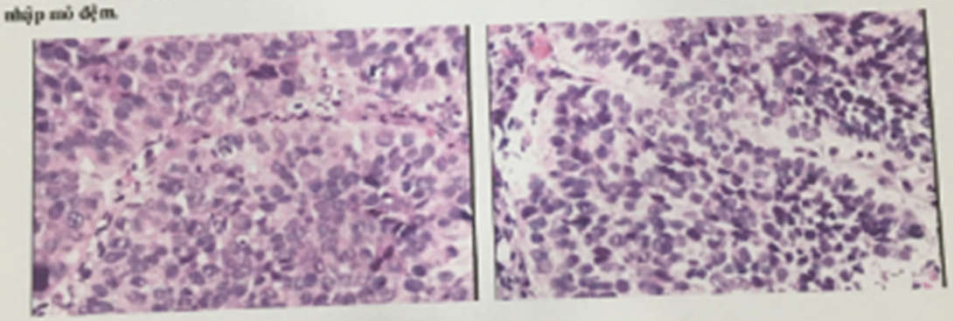
PHIẾU CHẨN ĐOÁN GIẢI PHẪU BỆNH

MS : H2022000285

ID Medic : 6483101
Ngày nhận mẫu: 10/01/2022 15:11
Bệnh nhân : [redacted] Năm sinh: 1956 Nam
Địa chỉ : [redacted]
Bác sĩ (Physician) : Bs Trương Tuấn Nhựt
Bệnh viện (Hospital) : CTTNHHYT HÒA HẢO/ PQ
Lâm sàng : U sụn phổi phải
GPB ĐẠI THỂ : 2 Mô 0.1 - 0.2 cm

GPB Vi Thể :

Gồm nhiều tế bào gai tăng sản, dị dạng, nhiều nhân quái, nhân chia bất thường, hợp thành đám, không tạo sừng, xâm nhập mô đệm.



KẾT LUẬN :
CARCINÔM TẾ BÀO GAI, KHÔNG SỪNG HÓA, BIỆT HÓA KÉM, ĐỘ 3, XÂM NHẬP Ở SỤN PHẾU.
(C32)

Chẩn đoán: K thanh quản di căn hạch

MEDIC Bàn luận

Review

Updates on Larynx Cancer: Risk Factors and Oncogenesis

Carlotta Liberale [1], Davide Soloperto [1,*], Alessandro Marchioni [2], Daniele Monzani [1] and Luca Sacchetto [1]

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[2] Respiratory Disease Unit, University Hospital of Modena, 41124 Modena, Italy; alessandro.marchioni@unimore.it

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Abstract: Laryngeal cancer is a very common tumor in the upper aero-digestive tract. Understanding its biological mechanisms has garnered significant interest in recent years. The development of laryngeal squamous cell carcinoma (LSCC) follows a multistep process starting from precursor lesions in the epithelium. Various risk factors have been associated with laryngeal tumors, including smoking, alcohol consumption, opium use, as well as infections with HPV and EBV viruses, among others. Cancer development involves multiple steps, and genetic alterations play a crucial role. Tumor suppressor genes can be inactivated, and proto-oncogenes may become activated through mechanisms like deletions, point mutations, promoter methylation, and gene amplification. Epigenetic modifications, driven by miRNAs, have been proven to contribute to LSCC development. Despite advances in molecular medicine, there are still aspects of laryngeal cancer that remain poorly understood, and the underlying biological mechanisms have not been fully elucidated. In this narrative review, we examined the literature to analyze and summarize the main steps of carcinogenesis and the risk factors associated with laryngeal cancer.

Malignant Tumors of the Larynx

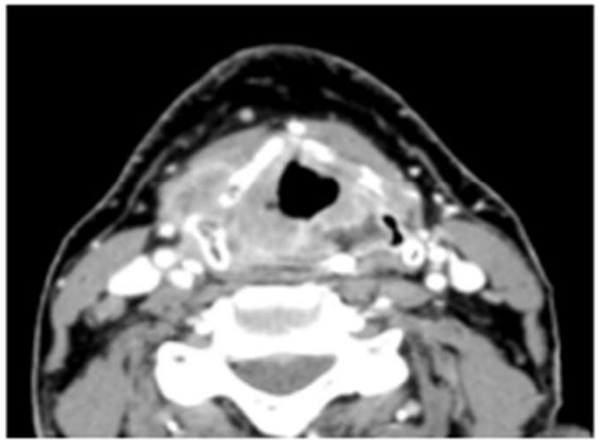
Updated: Oct 19, 2023 | Author: James T Johnson, MD, FACS; Chief Editor: Arlan D Meyers, MD, MBA more...

Practice Essentials

Malignancies of the upper aero-digestive tract are a leading cause of death in the United States, and treatment of laryngeal carcinoma has changed over the past few decades. Until approximately 1990, therapy was surgically directed. Total and partial laryngectomy surgeries were and still are the mainstream surgical procedures to treat malignant tumors of the larynx. However, a paradigm change in treatment occurred in the early 1990s with the advent of organ preservation treatments using concurrent chemoradiation therapy. This treatment approach demonstrated survival rates similar to total laryngectomy plus radiation therapy, while preserving the larynx in 63% of the patients. In addition, new developments in endoscopic surgical techniques and laser equipment are opening a new era in the treatment of malignant tumor of the larynx.

Among all the cancers of the upper aero-digestive tract, squamous cell carcinoma is the most common. Approximately 40,000 new patients are diagnosed with squamous cell carcinoma of the head and neck each year in the United States.

A tumor of the larynx can be seen in the image below.



Axial view on CT scan of an advanced right laryngeal tumor invading through the thyroid cartilage.

View Media Gallery

Workup of malignant laryngeal tumors

Contrast-enhanced computed tomography (CT) scans obtained with appropriate section thickness (1-2 mm–thick sections through the larynx) aid in the evaluation of neck masses.

CT and magnetic resonance imaging (MRI) scans may demonstrate the extension of tumor into vital structures such as the surrounding soft tissue, the preepiglottic space. They may also show invasion though the thyrohyoid-ligament and cartilage invasion.

Positron emission tomography-CT (PET-CT) scanning is the most sensitive test available to detect metastasis or second primary tumors.

Direct laryngoscopy provides an opportunity for examination under general anesthesia, palpation and biopsy. Suspension laryngoscopy provides an excellent view of the extent of the tumor and the overall condition of the airway mucosa. When coupled with appropriate imaging such as a CT scan, the direct laryngoscopy provides the best information for tumor staging and surgical planning. The direct laryngoscopy also provides an opportunity for biopsies of the tumor to be obtained. Well-targeted biopsies will typically reveal the type and perhaps grade of the tumor.

Management of malignant laryngeal tumors

Early stage laryngeal carcinomas (stage I-II) are ideally treated with either radiation or surgical techniques (either endoscopic or open) that preserve laryngeal function. For carcinoma in situ or early stage invasive glottic or supraglottic cancer, endoscopic surgical excision or radiation therapy are both equally effective, with similar functional outcomes.

Historically, advanced-stage laryngeal carcinomas (stage III-IV) were treated with total laryngectomy, reconstruction, and adjuvant postoperative chemoradiation therapy. Although total laryngectomy is still required in cases of aggressive or extensive tumors, laryngeal preservation strategies using chemotherapy and radiation therapy protocols have now become the standard of care for many advanced laryngeal cancers.

In addition to total laryngectomy, other surgical techniques used in the treatment of malignant laryngeal tumors include transoral laser microsurgery (ideal for the management of early/intermediate glottic and supraglottic cancer), open supraglottic partial laryngectomy, and supracricoid partial laryngectomy.

Epidemiology

Frequency

According to the Surveillance, Epidemiology, and End Results (SEER) program of the National Cancer Institute (NCI), an estimated 12,380 men and women were diagnosed with cancer of the larynx (0.6% of all new cancer cases) in 2023, with an estimated 3820 deaths from the disease (0.6% of all cancer deaths) that year. The age-adjusted incidence of laryngeal cancer is 2.7 new cases per 100,000 men and women annually, with an age-adjusted mortality rate of 0.9 per 100,000 people annually. [1]

According to the NCI, the age-adjusted rate for new cases of laryngeal cancer dropped by an average of 2.4% per year between 2008 and 2017, while the age-adjusted death rate decreased by an average of 2.3% annually between 2009 and 2018. [1]

Sex

A study by Marchiano et al indicated that subglottic squamous cell carcinoma cases have a male-to-female ratio of 3.83:1. The report included 889 cases from the NCI's SEER program database. [2]

Age

According to the Marchiano study, subglottic squamous cell carcinoma predominantly occurs in the fifth to seventh decade of life. [2]

emedicine

MALIGNANT TUMOURS OF LARYNX

Dr Manpreet Singh Nanda
Associate Professor ENT
MMMC&H Solan

EPIDEMIOLOGY

- 2.6% of all cancers
- AGE – 40 to 70 yrs
- SEX – M:F 10:1
- MC –SCC (>90-95%)
- MC – glottic (70%)
- Others ca – verrucous ca, spindle cell ca, sarcomas, malignant salivary gland tumours

RISK FACTORS

- Alcohol - supraglottic ca
- Smoking - Benzopyrene is carcinogenic
- Alcohol + Smoking - 15 times higher
- Radiation exposure
- Familial/genetic
- Occupational - exposure to asbestos, nickel, petroleum products, wood products, construction workers
- Racial - black>white
- HPV-16
- Diet - high dietary fibres, salt preservation meat
- GERD

Bài học rút ra:

- Bệnh nhân K thanh quản nên được chụp thêm CT vùng hầu họng để đánh giá mức độ xâm lấn ở vùng lân cận.
- Sinh thiết qua nội soi giảm nguy cơ nhiễm trùng, ít đau và ít biến chứng hơn so các thủ thuật khác.

Xin chân thành cám ơn!