

### Presented By:



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### Life Saving Laryngeal Surgery

Patient presented with a right neck swelling which had been present for 6 months. The patient also had progressive hoarseness, throat pain, ear pain, shortness of breath with exertion and difficulty swallowing over the past year. He had a history of smoking for over 30 years. Office evaluation revealed a mass involving the right side of the larynx and a right vocal cord paralysis. His work up included a CT scan of the neck with contrast showing a mass on the right side of the larynx extending into the subglottis and a laryngocele.

### Complex Treatment Plan

The patient was presented at the multi-disciplinary tumor board by Kenneth Newkirk, M.D., medical director of the Head and Neck Surgery Program at Meridian Cancer Care. This team is comprised of a surgical oncologist, radiation oncologist, medical oncologists, speech therapist, radiologists, pathologists and a nurse navigator. The consensus of the tumor board was to proceed with a laryngectomy and post-operative radiation and chemotherapy. The patient successfully underwent surgery by Kenneth Newkirk, M.D. that removed all of his cancer. The larynx and regional lymph nodes were removed without difficulty. The patient underwent primary closure of the pharynx and a neopharynx was created using the preserved pharyngeal mucosa. A cricopharyngeal myotomy was performed to aid in swallowing and speech rehabilitation. A laryngectomy stoma was created by mobilizing the proximal tracheal and suturing it to the skin. Parathyroid function was preserved with the surgery. His post-surgical recovery was uneventful. A swallow study on post-operative day 10 revealed that the neopharynx was well healed and the patient was discharged on post-operative day 11 on a soft diet. Final pathology revealed a T4 tumor with invasion through thyroid cartilage and soft tissue extension. The tumor was removed and there were negative margins on resection and no evidence of lymph node spread.

After recovering from his surgery at Jersey Shore University Medical Center, the patient underwent 8 weeks of radiation therapy with radiation oncologist, Douglas Miller, M.D. and platinum based chemotherapy with Ethan Wasserman, M.D., medical oncologist. He is successfully undergoing speech rehabilitation therapy. He is preparing for the second stage of his speech and voice rehabilitation with the placement of a tracheo-esophageal puncture. The patient is swallowing a regular diet and is back to his normal daily activities.

Figure 1

CT scan of the neck showing a right  
sagittal mass (A - blue arrow) with  
Thyroid Cartilage erosion (B - red arrow)

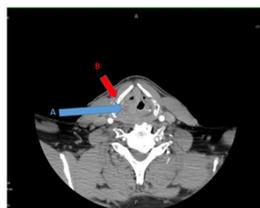


Figure 2

FDG PET with FDG avid uptake in the right  
sagittal laryngeal region (blue arrow)

