

**GATRA 2013 H&N Case #2**

PE: 52 YR OLD AA MALE. 6/27/12 H&P- CC: DYSPNEA, STRIDOR, HEAVY SMOKER.

SCANS: 6/28/12 CT NECK- LARGE TRANSGLOTTIC MALIGNANCY INVOLVING SUPRA GLOTTIC, GLOTTIC, INFRAGLOTTIC LARYNX WITH INVOLVEMENT OF THYROID, CRICOID, ARYTENOID CARTILAGE AND EXTRALARYNGEAL EXTENSION THROUGH THYROID AND CRICOID CARTILAGES. FEATURES OF MALIGNANT LYMPHADENOPATHY WITHIN BILATERAL NECK INCLUDING RETROPHARYNGEAL NODE CONSISTENT WITH N2c DISEASE. 7/3/12 PET CT- TRANSGLOTTIC LARYNGEAL MASS, 4.7CM. MULTIPLE BILATERAL CERVICAL LEVELS II, III, AND IV NODES MALIGNANT ADENOPATHY, ALSO PRESENT IN LT RETROPHARYNGEAL NODE AND SUPERIOR MEDIASTINUM.

SCOPES: 6/27/12 6/27/12 TRACHEOSTOMY, DIRECT LARYNGOSCOPY W/BX. IND: KNOWN LARYNGEAL MASS, CONCERNING FOR CANCER. FINDINGS: EXOPHYTIC SUPRAGLOTTIC MASS ARISING FROM LARYNGEAL SURFACE OF EPIGLOTTIS, OCCUPYING INTEARYTENOID SPACE, EXTENSION TO POSTERIOR GLOTTIS AND LT TRUE VOCAL FOLD. HYPOPHARYNX/OROPHARYNX CLEAR. PROC: SUPRAGLOTTIS WAS REMARKABLE FOR EXOPHYTIC TUMOR, BASED PRIMARILY IN INTERARYTENOID SPACE, WITH EXTENSTION ONTO LARYNGEAL SURFACE OF EPIGLOTTIC, AS WELL AS INFERIORLY TO POSTERIOR GLOTTIS AND APPEARED TO INVOLVED LT TRUE VOCAL FOLD. 7/3/12 ENT NTE TUMOR BOARD: SUGGESTED THAT HE RECEIVE A PET SCAN AND PROBABLY HAVE SURGERY OF A TOTAL LARYNGECTOMY WITH BILATERAL NECK DISSECTION

PATH: 6/27/12 ENDOLARYNX, DIRECT LARYNGOSCOPY, BIOPSY: SQUAMOUS CELL CARCINOMA. FISH POSITIVE FOR HIGH RISK HPV.

SURG: NONE

RADTN BEAM: 8/29/12 TO 10/17/12 RADIATION VMAT, 6MV, 70 Gy, 35 FRACTIONS. 10/17/12 RAD ONC NOTE - PT WAS NOTED ON FLUOROSCOPIC EXAM TO CONTINUE TO HAVE GROSS DISEASE ON THE RT CORD WITH FIXATION OF THE LEFT CORD.

CHEMO: 8/29/12 CARBOPLATIN, PACLITAXEL

STAGING: TUMOR BOARD T4aN2c