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LARYNGOLOGY

Modular approach in OPHL: are there preoperative predictors?

OPHL modulare: esistono parametri predittivi preoperatori?

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SUMMARY

Objective. Open partial horizontal laryngectomies (OPHLs) nowadays represent the first line surgical choice for the conservative treatment of locally intermediate and selected advanced stage laryngeal cancers. Among the peculiarities of OPHLs, there is the possibility of intraoperatively modulating the procedure. It would be useful for the surgeon to recognise preoperative endoscopic and radiological factors that can predict the possibility to modulate the laryngectomy.

Methods. The present study retrospectively reviewed a cohort of 72 patients who underwent OPHL for glottic LSCC, in order to identify preoperative (endoscopic and radiological) parameters that are able to predict modulation surgery.

Results. The hypoglottic extension of the glottic tumour was the preoperative finding that was most informative in predicting OPHL modulation. However, it had no significant impact on oncological outcomes.

Conclusions. Patients affected by tumours with hypoglottic extension and eligible for OPHL type II should be preoperatively informed about the possibility of an intraoperative switch towards OPHL type III.

KEY WORDS: OPHL, partial laryngectomy, modular, laryngeal carcinoma, hypoglottic extension

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