Case Scenario: Larynx

History
56-year-old gentleman seen in consultation at the kind request of Dr. ENT for radiation oncology opinion. The patient initially presented with increasing hoarseness and difficulty swallowing. Subsequent imaging revealed a large 3.5 cm mass in the laryngeal area and subsequent biopsy confirmed invasive squamous cell carcinoma.

PE
Neck exam reveals it to be supple. There are a few palpable left mid cervical lymph nodes, measuring up to 3 to 3.5 cm. No other adenopathy is noted.

Imaging
CT Neck: large 3.5 cm mass in the laryngeal area
PET: metabolically active supraglottic mass with metabolically active left level 5A lymph node
Barium Swallow: Frank aspiration

Scopes
Laryngoscopy: Left vocal cord fixed with arytenoid edema
Panendoscopy: Left laryngeal mass; biopsies of false cord taken

Pathology
Bx Lt false vocal cord, Rt false vocal cord, Lt AE fold: invasive squamous cell carcinoma in Lt false vocal cord and Lt AE fold; Rt false vocal cord negative for malignancy

CAP Checklist: Larynx Cancer
Specimen: Larynx, Left Thyroid lobe
Procedure: Total laryngectomy with unilateral partial thyroid lobectomy
Neck (lymph node) dissection: Modified radical neck dissection
Tumor Site: Larynx, supraglottis
Tumor Focality: Unifocal
Tumor Size: 2.5 cm
Histologic Type: Squamous Cell Carcinoma
Histologic Grade: G3 Poorly Differentiated
Tumor Extension: Involves the epiglottis with minor erosion of the thyroid cartilage
Margins: Uninvolved by invasive carcinoma
Lymphovascular invasion: Present
Perineural invasion: Present
Pathologic Stage Classification (p TNM, AJCC 8th edition)
Primary Tumor (pT): pT3
Lymph Node (pN): pN3b
  # of LNs Examined: 11
  # of Positive LNs: 2
  Laterality of LNs: Cannot be determined
  Size of Largest metastatic deposit: 3.1 cm
  Extranodal Extension: Present (single microscopic focus)
Distant Metastasis (M): cM0
Stage Grouping: Stage: 4B
Site of Distant Metastasis: None known