UNION EUROPEENNE DES MEDECINS SPECIALISTES (UEMS)

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

OTO-RHINO-LARYNGOLOGY

- HEAD AND NECK SURGERY

TRAINING PROGRAMME

Logbook

VI. Head and Neck

BASIC KNOWLEDGE (Stanislaw Bien and Pavel Dulguerov and Heikki Irjala)

SINONASAL (Michalis Papamichalopoulos)

THYROID (Ulrik Pedersen and Renato Piantanida)

HYPOPHARYNX (Rajko Jovic)

CANCER OF THE UNKNOWN PRIMARY (Charalampos Skoulakis)

UNKNOWN PRIMARY (Eduardo Raboso)

LARYNX (Henri Marres)

SALIVARY GLAND (Francis Marchal)

NASOPHARYNX (Norbert Stasche)

ORAL CAVITY (Jan Plzak)

OROPHARYNX (Jan Plzak)

NECK (Pavel Dulguerov)

COMPLICATIONS

Eduardo Raboso

Carcinoma of unknown primary

1.Diseases.

Malignant node in the neck

SCC

Others

2. History

Mass in the neck.

Nasal Obstruction.

Epistaxis.

Rhinorrea

Oral lesion.

Dysphonia.

Dysphagia.

Dyspnea

Otalgia

Hipoacusia

Alcohol.

Smoking

Previous history of malignancies.

3. Clinical examination

- general ENT examination including inspection and palpation of the neck

- endoscopic assessment of nasal cavity, oral cavity, pharynx, larynx and oesophagus, with

flexible and rigid endoscopes and NBI, including biopsies.

4. Diagnostic Work up

- audiogram/tympanogram

imaging

- ultrasound scan of the neck

- Body CT

- Body MRI

- Body FDG-PET-CT

Investigations

- fine needle aspiration cytology (FNAC)

- Epstein–Barr virus (EBV)

- Human Papiloma Virus (HPV),

- relevant blood tests including serum calcitonin, and thyroglobulin

Diagnostic procedures

- examination under general anesthesia, bilateral tonsillectomy, bilateral biopsy of

Rosenmuller´s fossae, bilateral biopsy of the base of the tongue. Hypopharyngeal and

laryngeal biopsies.

- adenectomy

5. Treatment.

Non-surgical Management

- chemoradiotherapy

- Neoadjuvant chemotherapy

- Adjuvant chemotherapy

Surgical Management

- neck dissection

a. selective neck dissection level I to III

b. selective neck dissection level I to V

c. modified radical neck dissection

d. radical neck dissection

e. extended neck dissection

6.Complications

Surgical complications

- Craneal nerve palsy

- Lymphorragia

- Cervical plexus lesion

- Brachial plexus lesion

Chemotherapy complications

Early and late toxicity

Radiotherapy Complications

Early and late toxicity

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Henri Marres

Larynx

1. History

Specific

Hoarseness/ dysphonia

Dysphagia

Dyspnoea

otalgia

neck masses

General

- smoking

- drinking

- head and neck irradiation

- previous history of head and neck disease

- family history of head and neck malignancies

- age >50

2. Clinical examination

- general ENT examination

- fibreoptic laryngoscopy/ videolaryngoscopy / NBI/ stroboscopy/ FEES

- palpation/examination of the neck

- palpation of the laryngeal region

3. D iagnostic Work Up (Summary for all HN procedures)

Imaging

- ultrasound examination of the neck in >T1 glottic tumours and all other laryngeal

carcinoma cases

- ultrasound guided fine needle aspiration cytology

- CT scan of neck and larynx in anything but T1 glottic tumours

- MRI when CT scan recommends it

- Chest x-ray (metastases and second primary tumours)?

- CT scan chest in >N2a

- PET-CT can be of additional value

Diagnostic procedures

- Panendoscopic examination under general anesthesia (Oesophagoscopy,

microlaryngoscopy, tracheobronchoscopy, pharyngoscopy)

- biopsy

- cytology in case of neck masses

- contact microlaryngoscopy ?

Histology

- severe dysplasia/ carcinoma in situ

- squamous cell carcinoma

- verrucous carcinoma

- other rare malignant diseases

Diseases

Malignant

- severe dysplasia/ carcinoma in situ

- squamous cell carcinoma

- verrucous carcinoma

- other rare malignant diseases

Benign

Reinke´s oedema

Granuloma

Nodule

Polyp

Papiloma

Stenosis

Congenital

Acquired

5. Treatment

Radiotherapy

Chemotherapy and Inmunotherapy

Neoadjuvant.

Adjuvant

Concomitant

Palliative

Surgery

- Phonosurgery

- endoscopic or open surgery

- microlaryngoscopic surgery

-CO2 laser

-YAG laser

- Tracheostomy

- chordectomy

- vertical laryngectomy

- horizontal laryngectomy

- near total laryngectomy

- total laryngectomy

- selective/ conservative/ radical neck dissection

Primary or secondary placement of vocal prosthesis

Closure of pharyngocutaneous fistula (flaps)

Open or endoscopic Surgery for stenosis of larynx, trachea and tracheostoma

Myotomy of cricopharyngeal sphincter

Antiviral, Xylocain or botox infiltration

6. Complications

Radiotherapy

Early and late toxicity

Quimiotherapy

Early and late toxicity

Surgical complications

- bleeding

- infection

- pharyngo-cutaneous fistula

Sequelae/Side effects

- voice disorders

- Dysphagia

- hypothyroidism (especially in combination with radiotherapy)