Oxford University Hospitals
NHS Foundation Trust

The role of neck dissection in the salvage laryngectomy setting

Walton J, Winter S

Blenheim Head and Neck Unit, Churchill Hospital, Oxford, UK

The Churchill
Hospital

Introduction

Salvage laryngectomy after primary radiotherapy often provides the only chance of cure in recurrent/residual laryngeal cancer but there remains limited consensus with regards to management of the neck.

Head and Neck Cancer Guidelines recommend consideration of elective ND in N0 neck, especially in advanced cases

Objectives

- To identify risk of occult neck disease
- To assess whether neck dissections (ND) should be routinely performed in the salvage laryngectomy (SL) setting

Methods and Patient Cohort

- Retrospective data collection
- 38 patients who underwent a salvage total laryngectomy between 2005 and 2017 in Oxford:
 - 23 laryngectomy
 - 13 pharyngolaryngectomy
 - 2 pharyngolaryngectomy with oesophagectomy

Male : Female	34 : 4
Mean age	62
Mean time to recurrence	41 months

Results

- Total 60 ND
- 27/38 (71%) bilateral ND
- 6/38 (16%) ipsilateral ND
- Pre-op staging: 36/38 (95%) N0
- Of those, 4/36 (11%) had N+ disease:
 - T2N1 supraglottis
 - T4bN2c piriform fossa
 - T4aN2c piriform fossa
 - T1N2b piriform fossa

Discussion

The risk of occult metastases in this study was 11%, which is comparable with the literature.

Nodal disease occurred in patients with both limited and advanced disease and was usually bilateral. Survival was less favourable in N+ disease. Selective ND had generally low morbidity.

Conclusion

SL is increasingly performed due to the wider use of primary chemoradiotherapy.

Based on our data, locally advanced tumours at presentation and piriform fossa tumours may carry a higher risk of recurrence. There is limited evidence that neck dissection confers a survival benefit and overall morbidity may be higher.

Limitations

- Larger patient numbers needed to fully correlate location/size with risk of occult metastases and overall survival