Extent of radical neck dissection in patients with oral cancer and neck lymph node metastasis: A clinical analysis

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ABSTRACT

Introduction: Control of neck lymph node metastasis is one of the most important prognostic factors in oral cancer. In cases where there have been no metastases to the lymph nodes, cN0, this has been achieved by performing modified dissection of the lymph nodes of the neck at Levels I to III. However, in cases involving metastases to one or more of the lymph nodes, the range of lymph node dissection varies depending on the facility and individual case. In the past, in cN (+) cases, neck dissection has been performed from Levels I to V on the affected side. Recently, we consider utilizing a reduced dissection range at Levels I to III, particularly in cN (+) cases, involving Level Ib alone. **Methods:** We retrospectively examined data from 306 patients with oral cancer who underwent surgery as a first-line treatment at our hospital between 2013 and 2018. The presence or absence of neck dissection and extent of cervical dissection were analysed. **Results:** Local resection alone was performed in in 135 cases, while local resection and neck dissection were performed concurrently in 171 cases. Among the cN0 cases, the dissection range was lymph node Levels I to III in 61 cases, Levels I to IV in 7 cases, and Level I to V in 17 cases. Furthermore, among the cN (+) cases, the dissection range was Levels I to III in 11 cases, Level I to IV in 23 cases, and Level I to V in 52 cases. Among the 86 cases with cN (+), there were 3 cases (4.3%) involving metastasis to Level V and all cases had multiple lymph node metastases to the affected side, Level II to IV. **Conclusion:** Level V metastasis was associated with Level IV metastasis in all 3 cases, it suggested a poor prognostic factor.

Early trans-thyrohyoid injection laryngoplasty under local anaesthesia in a single tertiary center

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ABSTRACT

Introduction: The objective of the study is to assess the voice outcomes in patients with unilateral vocal fold paralysis (UVFP) following early percutaneous trans-thyrohyoid injection laryngoplasty under local anaesthesia. **Methods:** Retrospective study with twenty-nine cases of UVFP of less than 6 months duration, underwent injection laryngoplasty under local anaesthesia were reviewed. All patients were injected with 0.5-1 ml Juvederm ULTRA XC (Allergan Industrie, France), a hyaluronic acid based material, via trans-thyrohyoid approach using a double bend 21G needle under local anaesthesia. Subjective assessment by Voice-Handicap Index (VHI-10); objective assessment by maximum phonation time (MPT); and acoustic analysis of jitter, shimmer and noise-harmonic ratio (NHR) were used as the measurement of multidimensional voice outcomes. They were assessed at baseline 2 weeks pre injection, 1 month, and 3 months post injection. **Results:** The mean age of the entire case series (n=29) was 44.69(13.41) with the female to male ratio of 3.14:1. Statistical analysis of the voice outcomes of VHI-10, MPT, and acoustic analysis of jitter, shimmer and NHR with repeated measures ANOVA depicted significant improvement from baseline to 3 months post injection laryngoplasty with VHI, Jitter and NHR ($P<0.001$) while shimmer ($P=0.005$) and MPT ($P=0.018$). None of the patients had serious complications like upper airway obstruction, allergic reaction or hematoma formation following the procedure. **Conclusion:** Percutaneous trans-thyrohyoid injection laryngoplasty under local anaesthesia in carefully selected patients is a safe modality with high success rate for the treatment of glottic insufficiency evidenced by our series of subjective, objective and acoustic analysis.