

## Laryngeal cancer: Perspective from a private ENT surgeon

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### ABSTRACT

**Introduction:** Laryngeal cancer is the second most common head and neck cancer in Malaysia. There will be several occasions where the Ear, Nose and Throat (ENT) surgeons in the private hospitals are the first point of contact. It is important for the surgeons to know to what extent the role they play in the management of these patients. **Methods:** The private ENT surgeons can manage the entire array starting from the diagnosis, investigation, treatment and follow up. This depends on the expertise, special interest and facilities available at the various hospitals. After history and clinic examination, doing a direct laryngoscopy and taking a biopsy is very doable in almost all hospitals. If necessary, a CT scan evaluation could be done in private. This would greatly help even if the patient then decides to be managed in the government setting later. In the case of a smaller tumour, laser or even robotic surgery could be done in private. In Avisena specialist hospital, there is a mechanism already in place for visiting ENT surgeon to partake in head and neck surgery where indicated. Follow up and rehabilitation of laryngeal cancer patients should also be feasible in private practise. **Results:** Although there are very few reported cases of definitive treatment, Avisena has had several patients who underwent the initial diagnostic evaluation at its premises. The main restricting factor is cost. Hence, making the full treatment only feasible in the patients with full health insurance. **Conclusion:** The full array of treatment is feasible in private practise. It all depends on the availability of the expertise and the consent of the patient, bearing in mind of the cost of such a decision.

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## Autoinflammatory Disorders: Discovering the Role of Otorhinolaryngologist

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### ABSTRACT

**Introduction:** Autoinflammatory disorders (AID) is comparatively a new disease entity being only recently established around 20 years ago. Often mistaken as autoimmune disease, AID is a group of disorder resulted from a defect or dysregulation in the innate immune system, clinically manifesting with chronic systemic inflammation. **Methods:** Based on the recently described systems-based classification of AID, searched on MEDLINE/PubMed Central were conducted for each classified AID disorder. Each disease entity was reviewed for presence of manifestations involving the ear, nose and throat (ENT), including the related management concerning to the field of otorhinolaryngology. **Results:** Some AID mainly presented with ENT manifestations, and patients' primary consultation shown to significantly involve visit to otorhinolaryngologist. In other AID, the affected lesion may include anatomical region within the interest of an otorhinolaryngologist, in which cases were referred to for further management. Additionally, most AID are involving inflammatory pathways that may chronically lead to manifestation in the ENT region, thus an understanding of the underlying pathology and early review may alleviate and preventing the possible clinical sequela. Accurate diagnosis of AID as the cause of the ENT manifestation shown to fine-tune the management and subsequently improve the patient outcomes, while reducing the sequela related to disease progression. **Conclusion:** Although generally considered to be rare, with the rapidly expanding identification of new different diseases, many of AID cases were misdiagnosed and inadequately treated. Awareness of AID as a disease entity among otorhinolaryngologist ensures a prompt and correct diagnosis is being made and the affected patients are managed appropriately.