

## The usefulness of nasopharyngoscopy in the diagnostics and treatment planning for patients with early glottic cancer

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**Figure 1.** **A** – pre-treatment examination (red arrows indicate infiltration); **B** – post-treatment examination; **C** – acute mucosal radiation reaction in grade III during the treatment

A 66-year-old female patient with hypertension, obesity and a family history of oral cancer, reported hoarseness for one year. Associated symptoms included resting dyspnea and recurrent laryngitis. After a month of symptomatic treatment, a CT scan of the head and neck was performed, where a thickened vestibular and right vocal fold were found. An abdominal ultrasound as well as a chest X-ray did not reveal any abnormalities. The patient underwent FNP, which showed laryngeal infiltration involving both vocal folds and the posterior commissure region (fig. 1A), while maintaining normal phonation and respiratory mobility. A histopathological examination revealed the presence of SCC. The clinical stage was determined as T<sub>2</sub>N<sub>0</sub>M<sub>0</sub>, and she was qualified for a definitive RT. The dose prescription was 1.8 Gy in 25 fractions to a total dose of 45 Gy to the lymph nodes area II–IV bilaterally with a simultaneous integrated boost with a fractional dose of 2.5 Gy in 25 fractions. After the 11<sup>th</sup> fraction of RT, FNP visualized a 50% regression of the infiltration. On the day of completion of RT, FNP revealed complete regression of the lesions

in the larynx (fig. 1B). Mucosal radiation reaction in grade III (CTCAE v5) was reported during the treatment (fig. 1C). Imaging of the larynx, particularly in cases of non-advanced tumors can be challenging due to the small size of detected lesions. It may lead to increased difficulties both in appropriate classification and estimating the stage of the disease [1]. FNP provides precise visualization of the glottis area [2]. This case presents a medical history of a patient whose CT scan did not unequivocally confirm the borders of laryngeal cancer and FNP delivers more accurate information about an extension of the infiltration.

### References

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