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

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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 computed tomography (CT) scan of the head and neck was performed, where a thickened vestibular and right vocal fold were found. Additionally, abdominal ultrasound as well as a chest X-ray did not reveal any abnormalities. The patient underwent flexible nasopharyngoscopy (FNP), which showed laryngeal infiltration involving both vocal folds and the posterior commissure region (fig. 1A), while maintaining normal phonation and respiratory mobility. Furthermore, histopathological examination revealed the presence of squamous cell carcinoma (SCC). The clinical stage was determined as T2N0M0 and she was qualified for a definitive radiotherapy (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 11th fraction of RT, FNP visualized 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 borders of laryngeal cancer and FNP delivers more accurate information about an extension of the infiltration.

Article information and declarations

Ethics statement

Informed consent was obtained from all subjects involved in the study.

Author contributions

Aleksandra Nasiek – conceptualization, writing, resources.
Anna Kozub – writing, review, editing.
Paweł Polanowski – review, supervision.

All authors have read and agreed to the published version of the manuscript.

**Conflict of interest**
None declared

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**References**


**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