

Poster presentation

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## Subglottic carcinoma effectively treated with surgery and adjuvant photodynamic therapy

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### Introduction

Subglottic cancers are extremely rare as a primary malignancy representing < 8% of all laryngeal cancers. Typical age at presentation is in the 5<sup>th</sup> decade. Recent reports have suggested a female preponderance.

There are three main types of subglottic carcinoma. Adenocarcinoma is uncommon and is typically a lung parenchymal disease and the prognosis is often poor. Mucoepidermoid carcinoma arises from submucosal glands and is extremely malignant. Adenoid cystic carcinoma is the most common neoplasm of the trachea. It is slowly progressive with an equal gender distribution.

Photodynamic therapy has previously been shown to reduce the bulk of tumours and vascular malformations. It also causes tissue destruction through an interaction between a photosensitizing drug and light. The authors commend photodynamic therapy as an adjunct to surgical management of subglottic carcinoma.

### Case report

A 54-year-old Caucasian male presented to his general medical practitioner in May 2007 with a 2–3 month history of haemoptysis. Radiological examination revealed a radiopacity neck to the right heart border. Panendoscopy showed a pedunculated lesion projecting into the trachea from the cricoid. Excisional biopsy was performed and histopathology showed fragments of a non-cystic epithe-

lial tumour. Further tests showed characteristics of adenocarcinoma.

The patient was offered surgical excision (subglottic resection) and free flap reconstruction, but declined this option. Radiotherapy was not a viable option, having had previous radiotherapy for Non-Hodgkins lymphoma. The patient was offered a photodynamic therapy and underwent three cycles of "intraluminal" treatment via bronchoscope.

Clinical and histopathological assessment at 3/12 after the last photodynamic therapy treatment shows no signs of residual disease.

### Conclusion

Treatment of subglottic carcinoma is commonly with surgical resection or external beam radiation. We have shown photodynamic therapy to be an appropriate adjuvant treatment for patients who do not wish to undergo surgical treatment and are unsuitable for radiation therapy.