

Transoral laser microsurgery in laryngeal cancer

Microcirugía transoral con láser en cáncer laríngeo

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Sr. Editor:

The interesting article written by Velarde, et al.¹ entitled *Transoral laser microsurgery in early laryngeal cancer in a third level hospital in Mexico City* is the reason for this letter, which has the purpose of commenting on some concepts contained therein.

In incipient laryngeal cancer (Tis and cT1), radiotherapy and transoral laser resection are currently considered the first choice, with an evidence level 1, with the same oncological value and a similar survival rate of 5 years². Voice quality is different, and superior with radiotherapy³. Unfortunately, the authors do not evaluate this aspect in their study, although it is an important variable to measure in early stages. It is worth noting that, in a metaanalysis⁴, the organ preservation rate is higher with laser surgery, probably because more patients with poor prognosis are treated with radiation.

Treatment of cT2 depends on the extent of the neoplasia, as it can range from a transglottic tumor with normal cordo-aritenoid mobility to a tumor limited to the vocal cord with mobility alteration, and both have different prognosis and treatment. These characteristics are not discussed in the article; it is interesting that the relapse rate is 11%, slightly higher than in patients with Tis-cT1 (9.6%).

Differences in tumor location in cT2 are critical, as tumors with ventricular or ventricular band infiltration have a higher rate of lymphophilia, and therefore, an elective and selective neck dissection must be

performed, otherwise the risk of relapse or progression increases, which could have happened with the patient with a laryngectomy.

The relapse rate after laser resection in this article is excellent (10%), which implies local control in 90%, similar to what external radiotherapy offers. It is interesting that, despite a close follow up, a patient with recurrence required total laryngectomy and adjuvant radiotherapy, which translates into an advanced loco-regional relapse. The authors do not state if the patient was previously classified as cT2, perhaps due to an initial supraglottic extension of the tumor or sub-staging. Nine patients died without neoplasia for other reasons, but it is not stated whether the minimum period to rule out a relapse (2 years) had been fulfilled. It is still uncertain if the relapse percentages are higher, as 31 were adequately monitored and 40 were not. Furthermore, a cT2 transoral resection may imply (according to the extent) swallowing alterations, and consequently, aspiration; the article does not mention if this occurred in the series, or if it could have been a cause for complications that caused death in the nine patients mentioned.

Infiltration in the anterior commissure implies poor prognosis. In this series, the relapse rate in cT1b is slightly higher (12.5%) than in its cT1a counterpart, but there is no mention of whether the first ones had this adverse prognostic factor. Unfortunately, the types of cordectomy performed are not classified, and its role in recurrence is not evaluated⁵.

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The authors compare laser surgery with conservative open surgery, but the two are not comparable. They are each designed for different stages: transoral surgery is indicated in cT1 and select cT2, and open conservative surgery in patients with glottic-supraglottic and glottic tumors with adverse prognostic factors (anterior commissure, cord fixation, etc.).

With the excellent results shown we can conclude that endoscopic laser surgery is alternative, with the same value that radiotherapy has shown in historic studies in patients with *in situ* glottic carcinomas or invasive ones limited to the vocal cord, with normal mobility, and that in patients cT2 it is crucial to rule out adverse prognostic factors that indicate another type of conservative surgical or non-surgical approach.

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Ethical disclosures

Protection of People and Animals. The authors state that no experiments have been conducted in humans or animals for this research.

Data Confidentiality. The authors state that the protocols of their work center regarding the publication of patient data have been followed.

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