



AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY



# 12<sup>th</sup> BALKAN CONGRESS OF OTORHINOLARYNGOLOGY - HEAD AND NECK SURGERY

1<sup>st</sup> JOINT MEETING WITH  
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# ABSTRACT BOOK



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## PRIMARY MUCOSAL MELANOMA OF THE HYPOPHARYNX - CASE REPORT

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**Introduction:** Mucosal melanoma of head and neck is represented 3% of all malignant melanoma cases. Worldwide in the medical literature has been reported 70 cases, but with gradual trend of increasing the incidence in the last few years.

**Purpose:** Presentation of an extremely rare case of primary mucosal melanoma in the hypopharynx, its manifestation of the disease, remission, and lethal outcome.

**Case report:** A 40-year-old patient came at the ENT clinic in Skopje with tumorous formation on the left side of the neck and dryness in throat. During the microlaryngoscopic examination, an ulcerated tumorous formation was visualized on the lateral wall of the hypopharynx. The result from the biopsy showed planocellular carcinoma on the hypopharynx. Surgery was performed on the 26.01.2018: partial pharyngectomy and block dissection on the left. It was removed in healthy tissue, with negative margins. The histopathological finding and immunoassay were positive for SOX10, S-100, KIT typical for mucosal melanoma. Pathological cancer staging was stage three. Immediately after the operative treatment, radiotherapy was started, but 7 months later the disease recurred, and radiotherapy was performed again. On the 18.06.2019, an examination revealed that the patient was developing lung metastases, during which chemotherapy was started.

**Conclusion:** Histopathological verification from the bioptical material, planocellular hypopharyngeal carcinoma determined our treatment protocols. Primary mucosal melanoma is associated with a poor prognosis due to aggressive growth, advanced disease presentation, and metastasis. Survival rate for 2 years is about 20 percent. In fact, 80% of patients with mucosal malignant melanoma of the hypopharynx have metastatic deposits at the time of diagnosis of the disease.

**Keywords:** Primary, mucosal melanoma, hypopharynx, radiotherapy, outcome

## VOCAL FOLD AUGMENTATION

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Unilateral vocal fold palsy is a frequent cause of hoarseness. In the presence of glottis closure insufficiency, the effectiveness of conservative voice therapy is often limited and phonosurgery may be indicated. Injection laryngoplasty is effective for correction of insufficiency. Early intervention during the first months after diagnosis is desired to avoid subsequent insufficient end organ compensation. Particularly patients with glottic closure insufficiency  $\leq 2$  mm have benefit from this procedure. With appropriate patient selection, duration of the effect exceeding 12 months has been described for hyaluronic acid, chondroitin sulfate, hydroxylapatite, and autologous fat. Due to rare complications such as swelling at the injection site, regular laryngoscopic monitoring and observation for one night after injection are recommended. The voice must only be used for a few hours.

## LARINGEAL HEMANGIOMA - ACCIDENTAL FINDING, DIAGNOSIS AND TREATMENT (CASE REPORT)

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**Introduction:** Laryngeal hemangioma is slowly progressing vascular tumor that causes obstructive respiratory symptoms with stridor.

**Case Presentation:** We present a case of an unexpected finding of laryngeal hemangioma in a 10 years old child with deterioration of general condition. At PICU department he was immediately intubated. The following day he was transferred at Clinic of Otorhinolaryngology where fiber-bronchoscopy examination was performed; we confirmed an unexpected finding of laryngeal hemangioma. Inadequate investigations and diagnosis of laryngeal hemangioma in early childhood, caused life-threatening surgical intervention.

**Conclusion:** Regular, appropriate medical examinations and emergency intubation are necessary to avoid life-threatening cases.