Advanced Hypopharyngeal Cancer

Hypopharynx

- Piriform Fossae (60-85%)
- Posterior pharyngeal wall (10-20%)
- Postcricoid (5-15%)
• Tumours often poorly differentiated
• Present late <5% are stage 1
• Poor prognosis

Advanced disease

• T4

• Cartilage destruction

• Neck disease
• Oncological outcomes
• Speech / Swallowing
• Organ preservation
• Resection margins
• Frozen section
• Choose the right operation
• Cure unlikely with extension into prevertebral fascia/carotid involvement

Problems

• Poor response to radiotherapy
• Large surgical defect
• Need to maintain function
**Piriform Fossa**
- Partial pharyngectomy
- Partial pharyngectomy and partial laryngectomy
- Total laryngectomy and partial pharyngectomy
- Total laryngopharyngectomy
- Neck

**Posterior wall**
- Transoral local resection
- Partial pharyngectomy
- Total laryngopharyngectomy
- Pharyngo-oesophagectomy
- Pharyngolaryngo-oesophagectomy
- Circumferential pharyngectomy
- Neck and retrosternal space
Post cricoid

- Total laryngopharyngectomy
- Total laryngo-pharyngoesophagectomy
- Neck

Suprahylid pharyngotomy
- Used for small tumours posterior pharyngeal wall
- Enter into pharynx through the vallecula and extend the incision along the thyroid ala
- Poor view of the superior margin of large tumours
- Provides excellent functional and cosmetic outcome
• Lateral pharyngotomy
  – Small tumours of posterior pharyngeal wall/piriform fossa
  – Enter the pharynx posterior to the thyroid ala on the least diseased side via constrictors
  – If more superior exposure need, may extend the pharyngotomy across the vallecula
  – Try and preserve both branches of superior laryngeal nerve
  – May not need a tracheostomy

Reconstruction

• Secondary intention/split skin graft
• Primary closure
• Gastric transposition
• Flap reconstruction
  – Pedicled
    • Pectoralis major
    • Latissimus dorsi
  – Free flaps
Jejunum

1st free flap described in literature (Seidenburg 1959)
– 2nd team
– Poor tolerance of ischaemia
– Tolerance to radiotherapy
RFFF

- Workhorse flap
- Easy to raise with little morbidity
Which reconstruction?
Pectoralis Major

**pros**
- Quick and easy
- No microvascular skills needed

**cons**
- May lose top of flap

Latissimus Dorsi

**pros**
- Bulky
- Robust

**cons**
- Bulky
- Need to turn patient (twice)
## Jejunum

<table>
<thead>
<tr>
<th>pros</th>
<th>cons</th>
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<tbody>
<tr>
<td>Ready tubed</td>
<td>2\textsuperscript{nd} team</td>
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<tr>
<td>Good conduit</td>
<td>Ischaemic time short</td>
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<td>radiosensitive</td>
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## RFFF

<table>
<thead>
<tr>
<th>pros</th>
<th>cons</th>
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<tr>
<td>Reliable</td>
<td>Need microvascular skills</td>
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<tr>
<td>Can be tubed and shaped</td>
<td>Some numbness in arm</td>
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Conclusion

- Aggressive tumours
- Poor prognosis
- Need to preserve function

- Preferred reconstruction - RFFF