Supraglottic Laryngeal Mass

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Supraglottic Laryngeal Mass

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A 60-year-old Hispanic male with a history of smoking presented to the emergency department with complaint of dysphagia for the past two months. Additional symptoms included progressive shortness of breath and stridor. CT results from an outside institution showed 80% airway obstruction. Despite the findings, the patient’s vitals were normal, with respirations of 20 and an initial room air oxygen saturation of 98%. Palpable neck masses or lymphadenopathy were not noted at the time of physical exam. A CT revealed the absence of a visible airway (Figure 1a; compare with Figure 1b taken below the level of the mass) and an expansive soft-tissue mass roughly spanning spinal cord levels C1 to C6 (Figure 2). An emergent ENT consult was called and the patient was given dexamethasone to control edema and prevent further obstruction. He was taken to the operating room where he could not be intubated and underwent an emergency tracheotomy. Direct laryngoscopy and biopsy revealed significant epiglottic destruction by squamous cell carcinoma, with lymphangitic metastasis to the cervical soft tissue.

Figure 1. Computed tomography results revealed A) the absence of a visible airway compared to B) an open airway taken below the level of the mass.

Figure 2. Soft-tissue mass roughly spanning spinal cord levels C1 to C6.
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REFERENCES