SURGICAL SALVAGE VIA ENDOSCOPIC ASSISTED LEFORT I OSTEOTOMY APPROACH IN RECURRENCE NASOPHARYNGEAL CARCINOMA

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Presentation Outlines

- Introduction
- Cases Presentation
- Surgical Approach Illustration
- Results
- Discussion
- Conclusion
Introduction

- Previous investigators reported 11.6% to 18.5% of pts had tumor recurrence in NPC. (Hsu et.al. Cancer 1983, Zhang et.al. I J Rad Onc Biol Phys 1989)
- Surgical salvage for local recurrence in nasopharyngeal cancer has emerged as an important treatment option.
- The surgical approaches are divided into
  - inferiorly by midline mandibulectomy or median labiomandibular glossotomy,
  - laterally by facial translocation or transpterygoid approach
  - anteroposteriorly by maxillary swing or maxillectomy approach.
- Most cases of T1 NPC resected totally by anteroposterior approaches. (Shu et.al Laryngoscope 2000, Wei et.al. Arch O–HNS 1995)
Aim of Presentation

- To illustrate our surgical approach for nasopharyngectomy in two cases of recurrence nasopharyngeal cancer by means of endoscopic assisted Lefort I osteotomy.
Case 1 (R.H. 54 y/o)  

Case 2 (T.S.C. 45 y/o)
Surgical Approach (cont.)
Discussion

- Salvage surgery is complicated & restricted by surrounding vital structures.
- With endoscopic assisted make the surgical field wider.
- $T_1$ NPC can be resected totally by endoscopic assisted Lefort I osteotomy approach.
- This approach also can offer better chance to completely resect selected $T_2$ NPC.
- Facial scarring & risk of ectropion can be avoided.
- Can avoid re-irradiation complications.
Endoscopic assisted Lefort I osteotomy approach is a viable alternative for early stage in recurrence of nasopharyngeal cancer where the morbidity is minimal with excellent recovery.

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Thank You for Your Attention