



Perspective Study

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The role of flexible video laryngoscopy in the early diagnostic of laryngopharyngeal cancer

Vision-medt and Vision Medical Endoscope

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How common is laryngeal cancer?



The American Cancer Society's most recent estimates for laryngeal cancer in the United States for 2021 are:

About 12,620 new cases of laryngeal cancer (9,940 in men and 2,680 in women)

About 3,770 people (3,020 men and 750 women) will die from laryngeal cancer



About 60% of laryngeal cancers start in the glottis (the area containing the vocal cords), while about 35% develop in the supraglottic area (above the vocal cords). The rest develop in either the subglottis (below the vocal cords) or overlap more than one area so that it is hard to tell where they started.

Most people diagnosed with laryngeal cancer are 55 or older; a very small number of people diagnosed are younger than 55. The average age of people diagnosed with laryngeal cancer is about 66.

Black men are more likely to develop laryngeal cancer than White men and are more likely to die from it. It is also much more common in men than women.

The rate of new cases of laryngeal cancer is falling by about 2% to 3% a year, most likely because fewer people are smoking.

Early Detection, Diagnosis, and Staging

Finding cancer early often allows for more successful treatment options. Some early cancers may have signs and symptoms that can be noticed, but that's not always the case.

Early malignancy and precancerous lesions of the nasopharynx are characterized by superficial lesions, which are often difficult to detect by imaging examination (CT and MRI), and flexible video endoscopy is the most effective means of detecting early malignant lesions.

Early malignant tumors have a good treatment effect, and advanced malignant tumors of the throat not only have a poor prognosis, but also often lead to loss of swallowing and vocal function, which seriously affects the quality of life of patients.



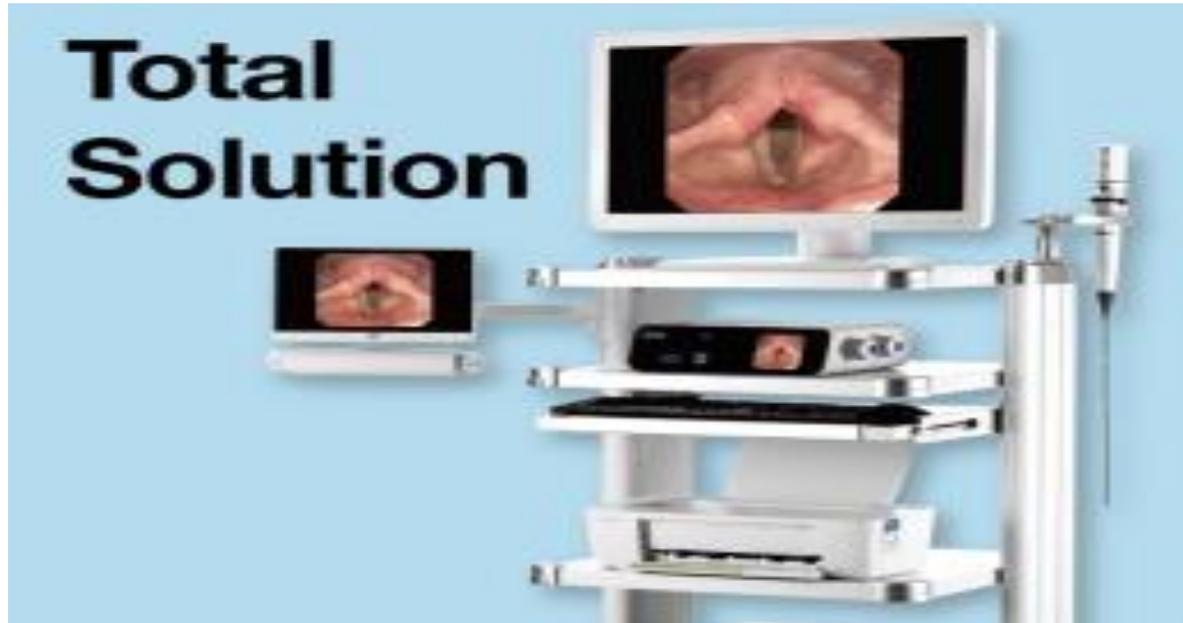
(an office-based transnasal endoscopic steroid injection (TESI) procedure with FEPS technique, using a digital operative videoendoscope by Zhuhai Vision Medical Technology)



Therefore, it is very important to pay attention to the quality and fineness of nasopharyngoscopy to help us find some early nasopharyngeal malignancies.

Office-based biopsy under local anesthesia using flexible digital video laryngoscopy is safe, cost-effective, and successful in providing a histopathological diagnosis. It reduces the diagnostic workup time significantly in patients with laryngeal, oropharyngeal, and hypopharyngeal cancer, while also reducing the necessity to subsequently perform a rigid laryngopharyngoscopy under general anesthesia.

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with Ultra Slim outer diameter (2.0mm) and Excellent image quality





- *A large working channel & Wireless transmitter*



References:

1. Cite:Schutte HW, Takes RP, Slootweg PJ, Arts MJPA, Honings J, van den Hoogen FJA, Marres HAM, van den Broek GB. Digital Video Laryngoscopy and Flexible Endoscopic Biopsies as an Alternative Diagnostic Workup in Laryngopharyngeal Cancer: A Prospective Clinical Study. *Ann Otol Rhinol Laryngol.* 2018 Nov;127(11):770-776. doi: 10.1177/0003489418793987. Epub 2018 Sep 7. PMID: 30192647.