



Service Priorities and Programmes
Electronic Presentations

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3-year experience in new nasopharyngectomy (QEH)

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Introduction

Nasopharyngeal carcinoma (NPC) is the 7th commonest cancer in Hong Kong. It is primarily treated with radiation or chemoradiation. Further radiotherapy for recurrent NPC yielded serious complications. Salvage surgery seems a better choice of treatment. Modern technology of navigation and surgical instruments have made endoscopic approach emerged out as a feasible option.

Objectives

This study was to assess the efficacy and oncological outcome of endoscopic nasopharyngectomy for local recurrent nasopharyngeal cancer during 2011-2013.

Methodology

Over the past 3 years, we had performed 23 operations of endoscopic nasopharyngectomy . We conducted a retrospective audit analysis of the procedure, post-operative complications, oncological outcome and to evaluate the efficacy of the procedure.

Result

All patients were alive with in the three years period. Most of them were in T1 or T2. Macroscopic removal has been achieved in all operations. Negative margin was achieved in 16 patients (76%) and 5 of them (24%) had microscopic disease. Overall, 16 patients (76%) were disease free at the time of assessment. 2 patients (10%) had local recurrence and 3 patients had residual disease (14%). Two patients had further salvage endoscopic surgery for local tumor recurrence after previous nasopharyngectomy. One of them obtained negative margin. Nearly all nasoseptal flap healed well. The mean follow up period was 15 months. There was no report of palatal fistula or severe headache. Endoscopic nasopharyngectomy is a feasible salvage surgery for recurrent nasopharyngeal cancer with minimal morbidity and avoidance of external facial scar.