

# Head and Neck Surgery

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## Introduction

Surgical treatment for head and neck cancer demands fulfillment of two contradictory requirements: there must be a resection large enough to eradicate all the cancer cells and small enough to preserve important functions, such as swallowing, speech, vision, and cosmetics. The Division of Head and Neck Surgery is resolving these conflicting requirements mainly through two distinct approaches: conservation surgery and wide resection with microsurgical reconstruction. Conservation surgery has been most successful in voice preservation; vertical partial laryngectomy is indicated for T1/T2 glottic carcinoma, recurrent glottic carcinoma after radiotherapy and some cases of early false cord carcinoma. Laryngeal preservation is also possible in T1/T2 hypopharyngeal carcinoma with limited extension. Another approach, wide resection with microsurgical reconstruction, is designed to minimize functional derangements after ablative surgery by microsurgical transfer of various flaps. Please consult the Plastic and Reconstructive Surgery section of this annual report for further details.

## Routine Activities

Multimodal therapy is the central core of current treatment policies for head and neck cancer. To conduct therapies effectively, five staff surgeons in this Division consistently work with plastic surgeons, radiotherapists, medical oncologists, dentists, psycho-oncologists, nurses and other staff of this hospital. Several weekly conferences are held to facilitate constant communication among members of this large team.

In 2005, 373 new patients were treated in this Division. Thanks to recent advances in surgical techniques and perioperative care, the number of surgical treatments for high-risk patients, including elderly patients over 80, is increasing. Technically difficult operations, such as surgical resection of advanced mesopharyngeal carcinoma with immediate reconstruction, are also increasing in number.

## New Developments in 2005

Concurrent chemo-radiotherapy has obtained wider indication for head and neck cancer. Although chemo-radiotherapy had been previously indicated to inoperable cases only, it was selected for several patients with advanced but operable mesopharyngeal, or hypopharyngeal cancer to preserve voice or other important functions.

Careful evaluation of proton therapy is ongoing according to nationally approved protocols.

Endoscopic mucosal resection (EMR) has been very successful in treatment for early esophageal and gastric cancers. We tried EMR in 15 cases of early hypopharyngeal carcinoma. Although some cases developed multiple primary malignant tumors in the surrounding area and required additional EMR, no recurrences have been observed so far. Because the results are very promising, EMR is expected to become another choice for voice preservation therapy.

● M. Saikawa, R. Hayashi ●

**Number of Operations**

General anesthesia	415
Local anesthesia	72
<b>Total</b>	<b>587</b>

**Number of New Patients by Primary Site**

	2005
Tongue	60
Oral cavity excluding the tongue	57
Larynx	50
Nasopharynx	15
Mesopharynx	35
Hypopharynx and cervical esophagus	63
Nasal cavity and paranasal sinuses	16
Thyroid gland	46
Major salivary glands	7
Others	24
<b>Total</b>	<b>373</b>