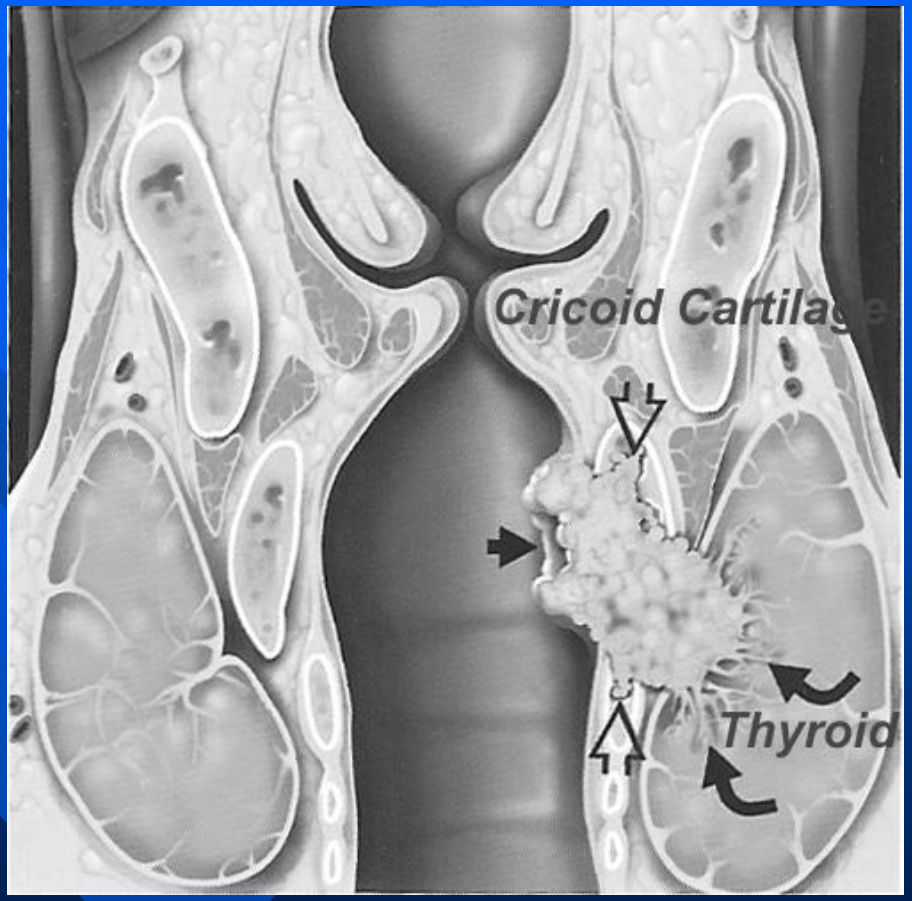
Subglottic SCCa

- Enhancing luminal mass; may spread to TVC
- **Cricoid cartilage invasion common**
- Nodes unusual due to limited lymphatic drainage
  - Pretracheal & paratracheal nodes most often
  - Level III & IV nodal chains next most common



Clinical Issues

- < 5% of laryngeal SCCa are subglottic
- Look Up!
- > 50-year-old male smoker &/or drinker
- Stridor, dyspnea, hoarseness if TVC involved
- subglottic SCCa has long asymptomatic period.
- Nodal metastases: Uncommon

Image Interpretation Pearls

- Any tissue internal to cricoid ring should be viewed as possible tumor
- Imaging critical as endoscopic examination and clinical staging more difficult than SCCa of glottis or supraglottic larynx

Staging

- T1: Tumor limited to subglottis
- T2: Tumor to TVC with normal or impaired mobility
- T3: Tumor limited to larynx with fixed TVC
- T4a: Tumor invades cricoid or thyroid cartilage ± invasion of extralaryngeal tissues
  - e.g., trachea, neck soft tissues, strap muscles, thyroid, esophagus
- T4b: Tumor invades prevertebral space, encases carotid artery, or invades mediastinum

Treatment

- Large tumors (T4) require total laryngectomy + XRT
- Primary radiotherapy may allow laryngeal conservation
- Subglottic stomal recurrences common
- Probably from unusual lymphatic spread to paratracheal nodes