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## Dedifferentiating chondrosarcoma of the larynx: A case report

Kelsey Hinther and Rick Jaggi  
University of Saskatchewan, Canada

Laryngeal chondrosarcomas are rare, slow-growing, cartilaginous tumors. Dedifferentiated chondrosarcomas, a rare entity of chondrosarcoma, are more aggressive and associated with a more ominous prognosis. They commonly arise in the hyaline cartilage of the cricoid. Definite diagnosis can be established by incisional biopsy and histopathologic examination. Histopathologic examination reveals a cartilaginous tumor with a malignant spindle cell component. Definitive treatment of dedifferentiated chondrosarcomas of the larynx is total laryngectomy. We present a case of dedifferentiated chondrosarcoma arising in the cricoid cartilage of a male patient, who presented with 3-week history of dyspnea, stridor, dysphonia and intermittent aphonia. As a result, he underwent a total laryngectomy, and received adjuvant radiation therapy.

kelsey.hinther@gmail.com

## First bite syndrome: Our experience with botulinum toxin type A

Natasha Mirza  
University of Pennsylvania, USA

**Background & Aim:** First bite syndrome is the reported development of pain in the parotid region during mastication seen after parapharyngeal or deep parotid space surgery. Intraparotid injection of Botulinum Toxin A (BTA) has been suggested as an initial treatment for treatment of this phenomenon but there is little supporting literature to this effect. The purpose of this study is to catalog our experience using this treatment method for first bite syndrome.

**Methods:** Five patients with first bite syndrome developed after head and neck surgery were treated by multi-site injection of BTA into the parotid gland. Between 17.5 and 50 total units of BTA were injected into 2 or more sites in the parotid region during each procedure. The patients were then subject to follow-up visits every 4 months.

**Results:** 3 of 5 patients reported a significant improvement in symptoms during the 4 month follow-up visit though complete resolution was not reported. 2 of 5 patients returned for repeat injections for recurrent symptoms up to 1 year from the first injection.

**Conclusions:** The BTA injection into the affected parotid gland produces a decrease in the severity of symptoms. It is a safe and viable non-invasive treatment for this difficult to treat diagnosis.

natasha.mirza@uphs.upenn.edu