

Laryngeal and Hypopharyngeal Cancer

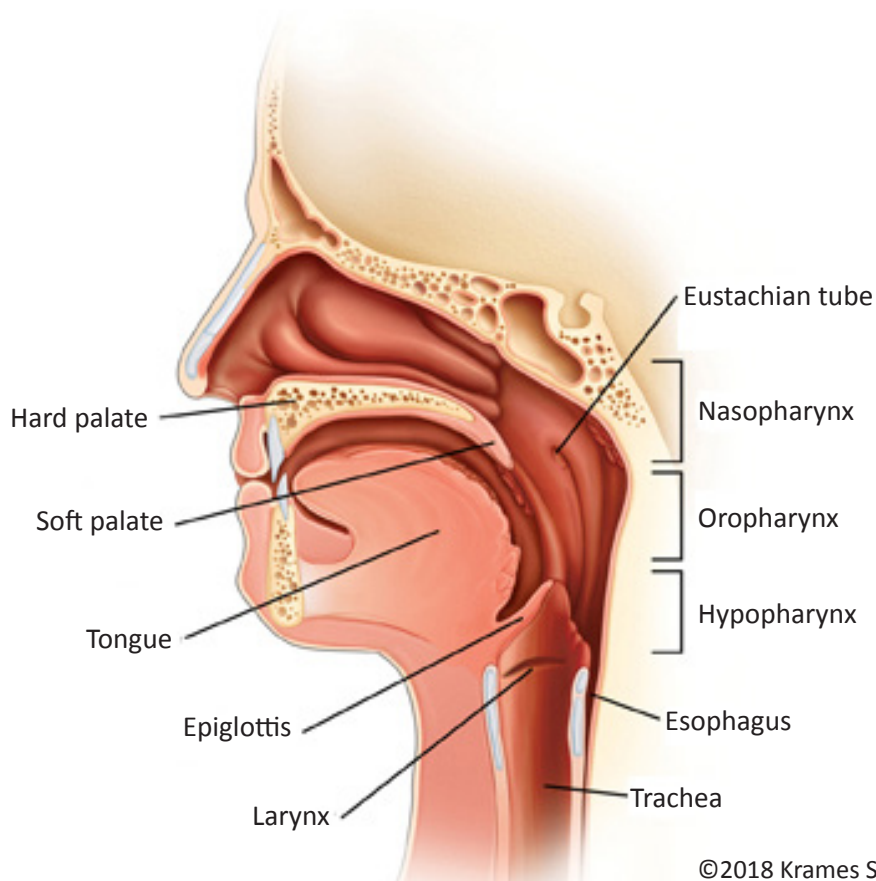
The larynx and hypopharynx are in the lower throat. The larynx, or voice box, is the organ that produces the voice. It has a hard outer covering made of cartilage. The vocal cords inside vibrate to make sound.

The larynx has 3 regions. The vocal cords are in a part of the larynx called the glottis. The part of the larynx above the vocal cords is the supraglottis. The part below is the subglottis.

Glottis cancer occurs in the vocal cords. Supraglottic cancer occurs above the vocal cords. Subglottic cancer occurs below the vocal cords. The course and outcome of these types of cancer can be different.

The hypopharynx is behind the larynx and is the entrance to the esophagus (tube that connects to your stomach). Hypopharyngeal cancers occur here.

If you have any questions, please ask your nurse or physician.



Causes of laryngeal and hypopharyngeal

Smoking and drinking a large amount of alcohol are the most common causes of laryngeal and hypopharyngeal cancer. Most patients with this cancer have a history of smoking. However, laryngeal cancer can develop, on rare occasions, in people who have never smoked or drank alcohol.

Symptoms

Some common symptoms of laryngeal and hypopharyngeal cancer include:

- Hoarseness or change in the quality of the voice
- Sore throat that does not go away
- Pain and/or trouble swallowing
- Difficulty breathing
- Lump in the neck
- Ear pain

Diagnosing laryngeal and hypopharyngeal cancer

If your physician thinks you may have laryngeal and hypopharyngeal cancer, you will need to see a head and neck surgeon. They will examine you.

The surgeon will check the inside of your nose with a thin, flexible scope (fiber-optic endoscope). This will show the location and extent of a tumor in the voice box.

To confirm a cancer diagnosis, your surgeon will perform a biopsy. That means they will remove a small piece of tissue from the tumor to check the type of cancer. They will usually do this in the operating room under anesthesia.

Another type of biopsy is a fine needle aspiration (FNA). The surgeon removes tissue from neck lymph nodes through a thin needle. They often use an ultrasound to direct the needle precisely into the lymph node. Then, they examine the tissue under the microscope. The surgeon does an FNA in the office.

The surgeon may order imaging studies including a CT scan and a PET scan to see a clearer picture of the tumor size and location. The scans also look for any spread of disease into the lymph nodes, lungs or bones.

After the biopsy, you will see a speech and swallowing specialist. They will check to see if you have problems swallowing. Your surgeon might also order a modified barium swallow (MBS) test. This checks for other swallowing problems.

Resources

[cancer.gov/types/head-and-neck/patient/adult/laryngeal-treatment-pdq](https://www.cancer.gov/types/head-and-neck/patient/adult/laryngeal-treatment-pdq)

For more information, please contact:

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