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## CASE REPORT

### Squamous Cell Carcinoma of the Supraglottis Presenting as Hoarseness

#### *Carcinome Épidermoïde du Supraglotte se Manifestant par une Enrouement*

<sup>1</sup>\*Tobe Momah, <sup>2</sup>Olusegun Lijofi

#### ABSTRACT

**BACKGROUND:** Hoarseness is a well-known condition in primary care offices, with over 1% of primary care visits secondary to this ailment.<sup>1</sup> The most common causes are acute laryngitis (40%), functional dysphonia (30%), benign and malignant tumors (2.2 to 30%), neurogenic factors such as vocal cord paralysis (8%), physiological aging (2%), and psychogenic factors (2.2%).

Most of these cases are secondary to viral infections and do not require antibiotics on most occasions. These viral infections subside after 1 to 2 weeks and in the case of persistent hoarseness (above 4 weeks), the American Academy of Otolaryngology recommends direct visualization with a laryngoscopy before treatment with proton pump inhibitors, antibiotics, or steroids.

Our patient presented with prolonged hoarseness (greater than eight weeks) but had a quick turnaround time interval between primary care visit and laryngoscopy evaluation (less than 2 weeks). This led to her diagnosis and treatment with chemo and radiation therapy within three months of diagnosis with Squamous Cell Carcinoma of the Supraglottis.

The primary care physician serves as the number one point of visitation by sufferers of hoarseness. It is important that they are knowledgeable and up to date with recommendations and guidelines for managing this condition, as unwarranted delay can affect the overall outcome on the part of the patient. This is especially important in patients such as ours with high-risk factors including Nicotine dependence, alcohol use, asbestos exposure, and HPV infection. **WAJM2024; 41 (1): 97 - 99.**

**KEYWORDS:** Laryngoscopy, Supraglottis, Larynx, hoarseness

#### RÉSUMÉ

La voix rauque est une condition bien connue dans les cabinets de soins primaires, avec plus de 1 % des visites en soins primaires dues à ce problème. Les causes les plus courantes sont la laryngite aiguë (40 %), la dysphonie fonctionnelle (30 %), les tumeurs bénignes et malignes (2,2 à 30 %), les facteurs neurogènes tels que la paralysie des cordes vocales (8 %), le vieillissement physiologique (2 %) et les facteurs psychogènes (2,2 %).

La plupart de ces cas sont dus à des infections virales et ne nécessitent pas d'antibiotiques dans la plupart des cas. Ces infections virales disparaissent après 1 à 2 semaines, et en cas de voix rauque persistante (plus de 4 semaines), l'American Academy of Otolaryngology recommande une visualisation directe avec une laryngoscopie avant le traitement par inhibiteurs de la pompe à protons, antibiotiques ou stéroïdes.

Notre patiente présentait une voix rauque prolongée (plus de huit semaines), mais a bénéficié d'un délai rapide entre la visite en soins primaires et l'évaluation par laryngoscopie (moins de 2 semaines). Cela a conduit à son diagnostic et à son traitement par chimiothérapie et radiothérapie dans les trois mois suivant le diagnostic de carcinome épidermoïde du supraglotte.

Le médecin de soins primaires est le premier point de visite pour les personnes souffrant de voix rauque. Il est important qu'ils soient informés et à jour des recommandations et des lignes directrices pour la prise en charge de cette condition, car un retard non justifié peut affecter le résultat global pour le patient. Ceci est particulièrement important chez les patients comme le nôtre présentant des facteurs de risque élevés, y compris la dépendance à la nicotine, la consommation d'alcool, l'exposition à l'amiante.

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**MOTS-CLÉS:** Laryngoscopie, Supraglotte, Larynx, Enrouement

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