

## **TITLE : Laryngeal Amyloidosis : A Decadal Experience**

### **ABSTRACT**

Aim- To determine the demographic and clinical characteristics, disease type and appropriate treatment for laryngeal amyloidosis.

Materials & Methods- A retrospective descriptive study was conducted which included the data of 16 patients who had a laryngeal lesion which was excised and diagnosed as amyloidosis on histopathological examination, evaluated for systemic disease and followed up. Demographic details, symptomatology, videolaryngoscopic examination findings, disease type and treatment modality were analysed.

Results- The male:female ratio was 1:1.29. The mean age of patients was 35.19±6.76 years, with 87.5% aged between 30–40 years. The mean duration of symptoms was 5.44±4.53 months, ranging from 2–12 months. Symptoms included hoarseness of voice(62.5%) and dyspnoea(37.5%). Lesions were located in the supraglottis(50%), subglottis(37.5%) and glottis(12.5%). Macroscopically, 25% of lesions were polypoid and 75% were infiltrative. Microlaryngeal excision of the lesion was performed using cold steel instruments in 68.75% of cases and coblation assisted in 31.25% of cases. On immunohistochemistry, 93.75% were AL type and 6.25% were AA type. All cases were the primary localized type. All patients were followed up regularly. One recurrence and thus revision surgery aided with laser was recorded.

Conclusion- The diagnosis of laryngeal amyloidosis requires a high index of suspicion based on its clinical features. Localized laryngeal disease can be successfully treated by endoscopic excision of the lesion using either cold steel instrumentation,

laser or coblation, as was performed in our study with favourable results. The importance of continued long term follow-up is emphasized in view of a high predilection for recurrence in amyloidosis.

Keywords – Amyloidosis / surgery; Larynx / pathology; Laryngeal Diseases / surgery; Laryngoscopy; Hoarseness / etiology; Airway Obstruction / pathology