
Treatment of Intractable Hair Growth After Partial Laryngectomy

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Clinical Image

A 70-year-old man presented with hoarseness over several days. The previous year, the patient had been diagnosed with laryngeal spindle cell carcinoma and had undergone partial vertical laryngectomy and laryngocutaneous fistula closure in our clinic.

Laryngeal fiberoscopy revealed considerable hair growth on the anterior commissure (Figure 1). We believed that hair removal from the skin flaps was necessary. We performed transoral CO₂ and YAG laser microsurgery several times, but the hair persisted. Finally, we performed thyrotomy and shaving of the hair roots. The operation was successful, and there was no recurrence of laryngeal hair growth (Figure 2).

Partial laryngectomy is a treatment option for early glottis cancer according to American Society of Clinical Oncology clinical practice guidelines [1]. A laryngocutaneous fistula serves as a temporary postoperative airway, but intractable hair growth after surgery has occasionally been reported [2]. Shaving of hair roots has been used to manage plastic surgical diseases such as osmidrosis. We applied this technique to intractable laryngeal hairs and achieved good treatment results.

We have presented a case of treatment of intractable laryngeal hair growth after partial laryngectomy. Based on our case, we believe that thyrotomy and shaving of hair roots are a useful treatment for intractable laryngeal hair growth after partial laryngectomy.

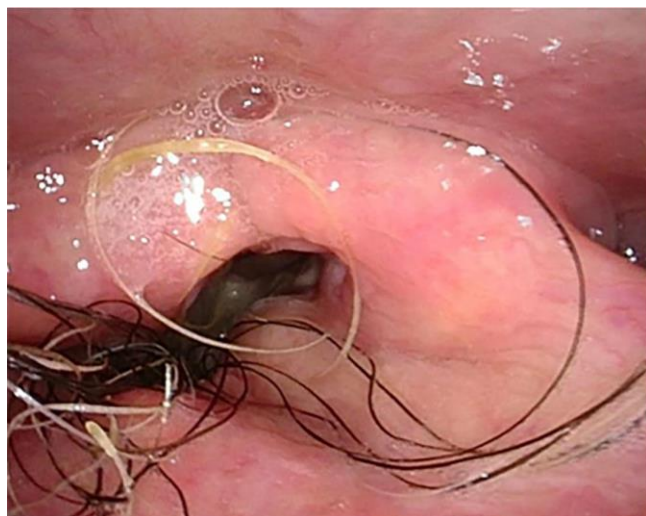


Figure 1: Laryngeal fiberscopy showing the location of numerous hairs on the anterior commissure.



Figure 2: After operation, there is no recurrence of hair growth in the larynx.

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