

Accidental removal of glottic carcinoma during direct laryngomicroscopy and follow-up bronchoscopy: a case report

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Introduction: Endoscopic surgery for glottic carcinoma is a standardized and safe procedure. However, in certain circumstances and localizations of the lesion, airway management prior and during surgery may pose a significant challenge. Accidental removal of glottic carcinoma during intubation is a very rare occurrence and poses an interesting diagnostic and therapeutic problem. **Case report** A patient with suspect T1a glottic laryngeal carcinoma was referred to our department because of hoarseness that had been going on for the past month. She had no other complaints. The patient was healthy, a non-smoker and had no other risk factors. The examination revealed a well-perfused lesion in the front two thirds of the left vocal cord. Direct laryngomicroscopy under general anesthesia was indicated. During intubation, the lesion was accidentally torn off with the Storz endoscope. During direct laryngoscopy, no lesion was observed, a limited excision of the tumor base was performed. The tissue was sent for urgent PH analysis and mild atypia was observed by the pathologist. Subsequently, bronchoscopy was performed and the aspirate was sent for PH analysis, which revealed that the aspirate contained carcinoma in situ. The patient was followed-up regularly. During the first 6 months postoperatively, the patient was monitored on a monthly basis. Her voice was fine, and she had no other complaints. One year after the surgery, the patient has been checked-up every 2 months and is still without any complaints. **Conclusion:** In general, direct laryngomicroscopy is a safe operative method with a high success rate. However, considering the localization and the fact that it is performed under general anesthesia, various problems can occur. This case shows that, despite the difficulties that may occur during the surgery, a correct decision at a moment may lead to the desired result. In addition to the patient's survival, which is the most important aim, the quality of life can also be preserved with the right therapeutic method. This was the case with our patient, who has not had any complaints so far, nor has she shown any signs of recurrence of the disease.

Key words: vocal cord, hoarseness, tumor, laryngomicroscopy, intubation