

Case Study

- 58 yo M Dx with T1N0M0 SCCA of the L TVF
- Underwent primary external beam radiation therapy (56.25 gy, 2.25 gy in 25 fractions)
- re-referred to SLP 2 years later for complaints of new-onset dysphagia





Post-LPE VFSS

Thin liquid



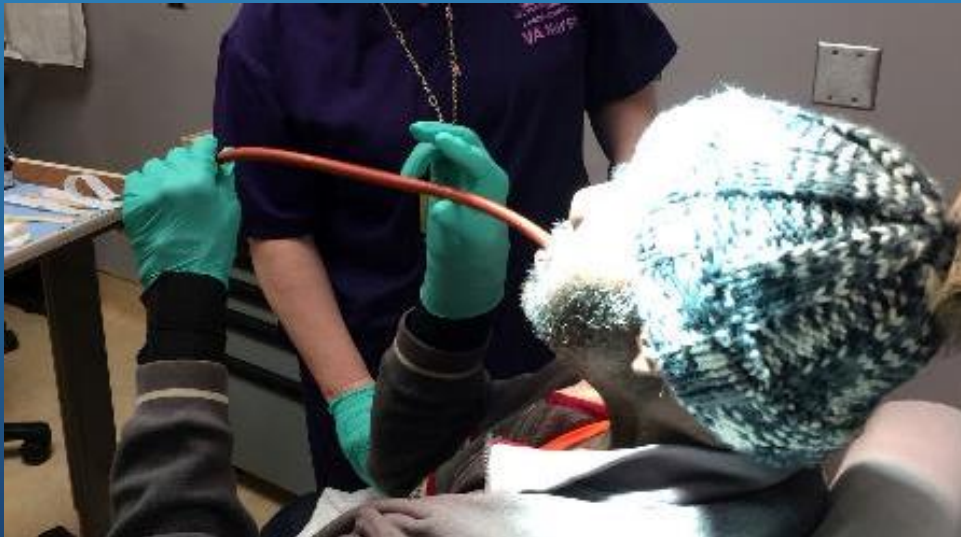
TE phonation



Post-dilation x4 (puree-oblique view)



Self-dilation



Veteran completed form 10-3203 Consent for Use of Picture and/or Voice

Posttreatment VFSS

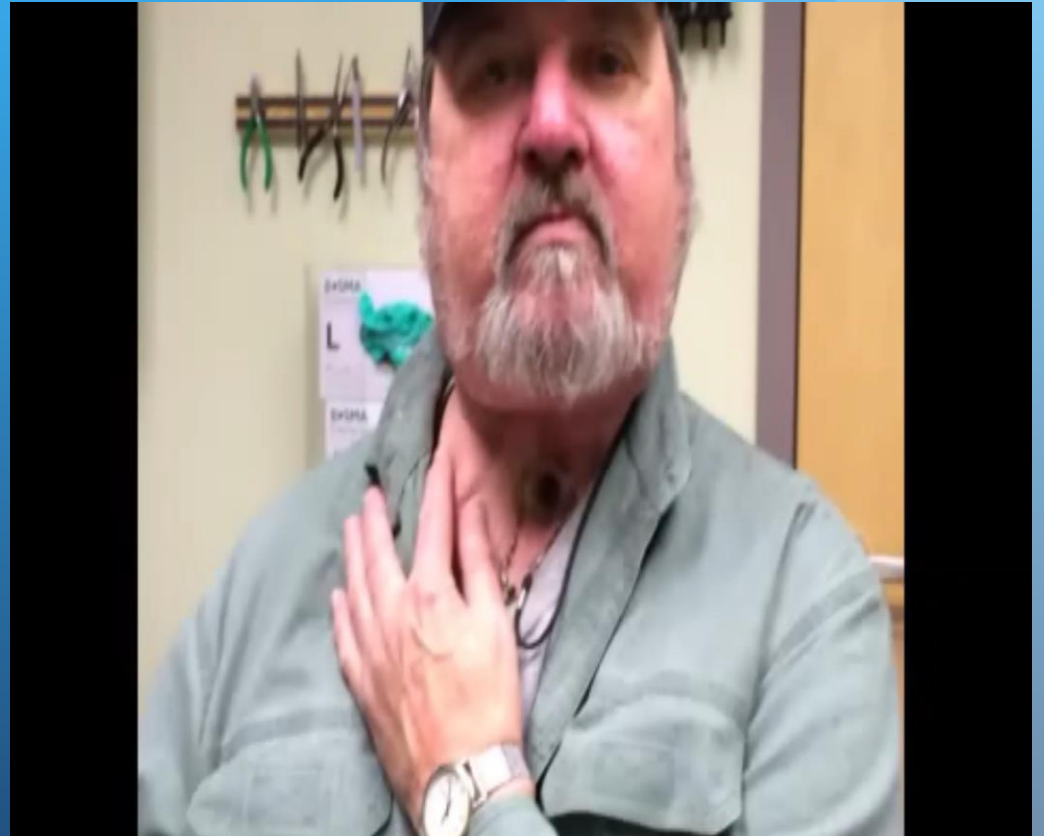
puree oblique

soft solid w/
liquid wash



TE Voicing

- Much improved loudness, voice quality, speech fluency
- MPT = 15 seconds
- Voicing much less effortful (no headaches)



Veteran completed form 10-3203 Consent for Use of Picture and/or Voice

Prosthesis Problems & Prosthesis Management

- BUT-early prosthesis failure (leakage through)
- Lots of biomaterial
- Switched to Provox Activevalve Light
- Continued Nystatin and probiotics
- Drink water to flush neopharynx after eating



Fast forward 10 years later....

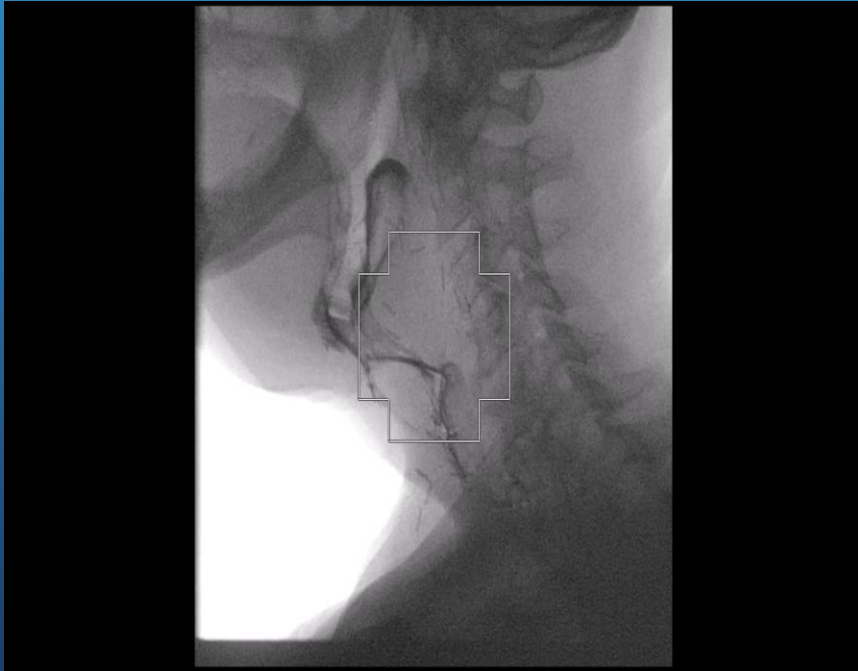
- Had not been seen in clinic for over 1 year d/t COVID
- Had not been self-dilating
- Complaints of increased difficulty eating all solid foods
- Significant weight loss (from 184 to 165 lbs)
- Mostly drinking Ensure
- TE speech was strained, less fluent, hypophonic, intermittent aphonia, reduced MPT



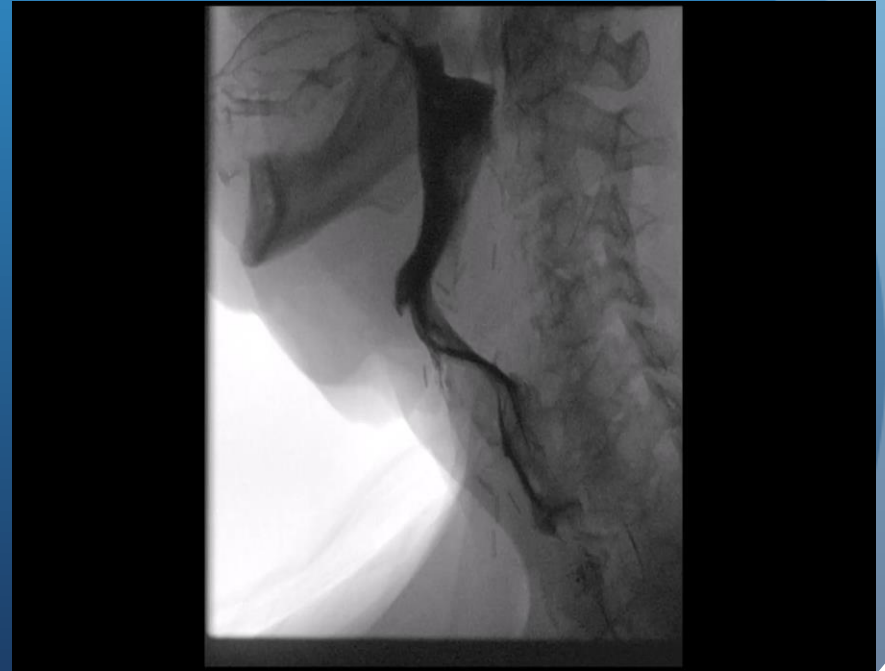
Repeat VFSS



TE phonation



Puree trial



Diagnosis: Pharyngeal Amyloidosis

- Complex family of diseases involving extracellular deposition of insoluble protein fibrils
- Variety of types, including primary systemic (AL), secondary (AA), hereditary, and localized
- Localized AL amyloidosis often appears as a tumor-like lesion (amyloidoma); systemic AL can also produce localized lesions
- Pharyngeal amyloidoma is very rare with mainly case reports in the literature
- Workup: testing to determine systemic vs. localized amyloidosis
- Treatment for localized AL: CO2 laser surgery/debulking, radiation tx