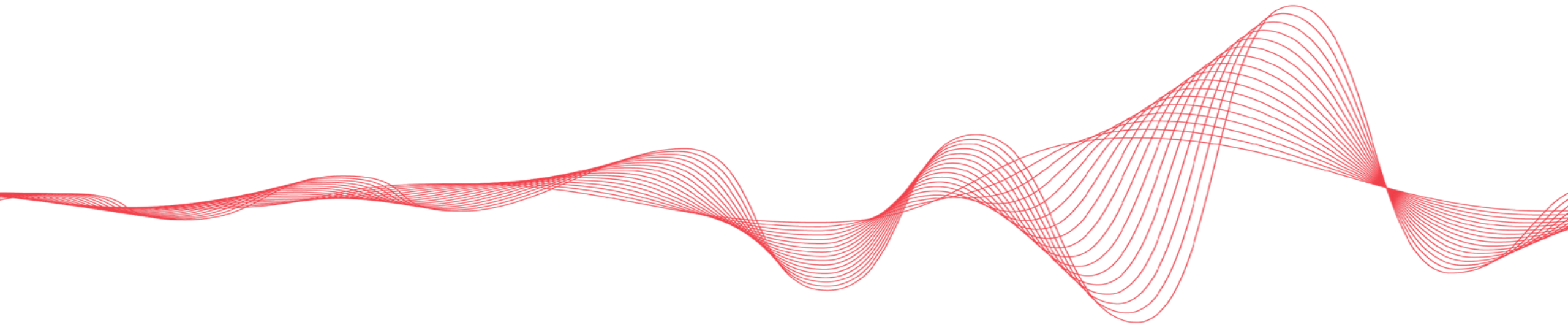


# Atos Complex Case: Tissue Issue



We are passionate about making life easier for people living with a neck stoma, by providing personalized care and innovative solutions.

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- Meaghan Kane-Benjamin, Senior Clinical Educator

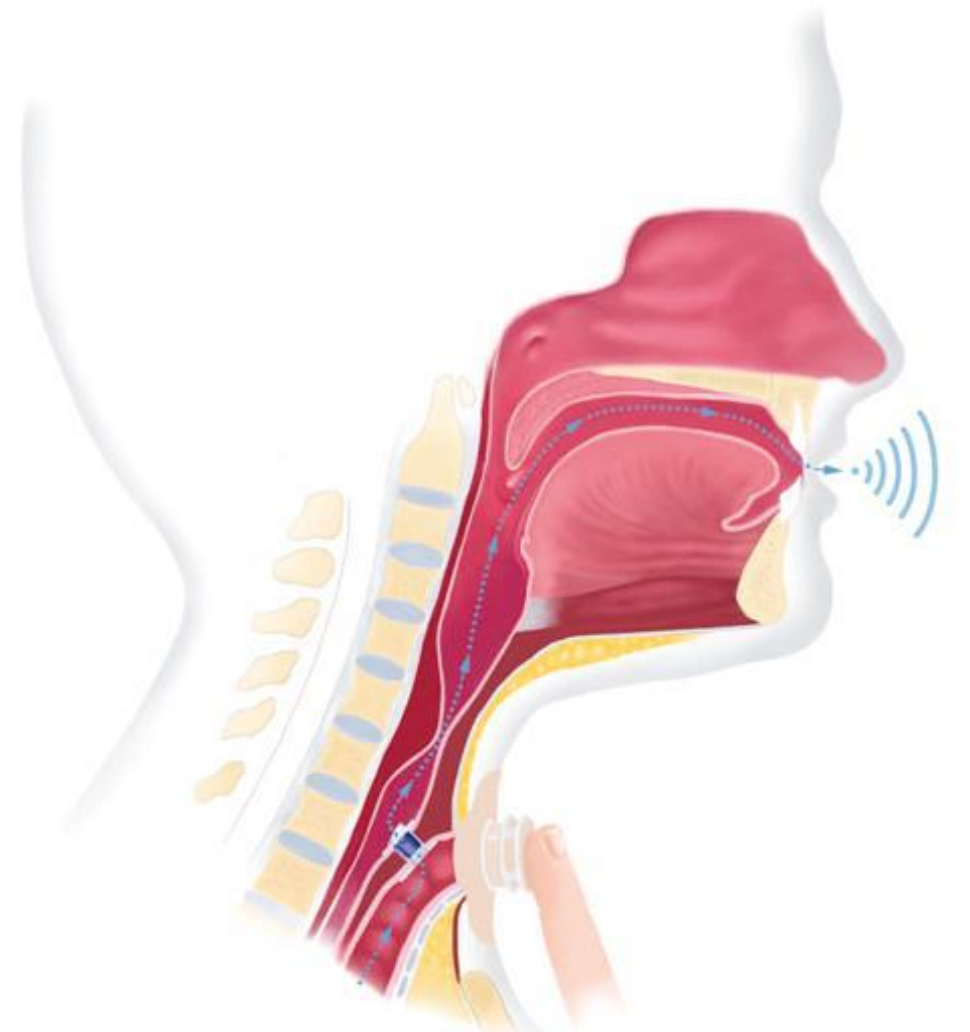
# Case

71 y/o M with h/o SCC of the L VF s/p CRT, + recurrence, underwent TLP with ALT recon 1/2016; secondary TEP 5/2016.

Has had several dilations (didn't appear narrow last time they went in and not dilation completed) and is on protonix

There was a concern for a separated party wall so all VP placements have been retrograde for ~1 year.

-8 mm Provox 2 in place and changed every 3 – 4 months.



By Laryngectomy 2010 - Own work, CC BY-SA 3.0, <https://commons.wikimedia.org/w/index.php?curid=18008631>

# Complaints of intermittent leakage, difficulty voicing and cleaning the prosthesis



# Evaluation

## Puncture

Prosthesis extruded with prolapsed puncture

esophageal flange protruding

Two openings at the puncture site with “band of tissue” observed

Prior concern for PWS

## Patient

Reports noticing some changes 3 days prior

No recent illness or infection

Taking protonix daily

## Prosthesis

8 mm Provox 2

Stable for last year and prosthesis had last been changed 3 months prior

Prior concern for PWS so prosthesis placed retrograde

# Management

## Prosthesis

Removed Prosthesis

Placed 14 mm NID with safety strap left on

## Patient

Began a course of antibiotics

Pt. instructed to drink thickened liquids

Increased protonix to 20 mgs daily for 14 days

## Puncture

Patient returned in 14 days and puncture had healed and patient was resized and refit with an 8mm Provox 2

# 12 Months Later





# Evaluation

## Puncture

Puncture appears inflamed/prolapsed  
Prior extrusion with prolapsed puncture  
Prior concern for PWS

## Patient

Reports noticing a more effortful voice  
patient scoped and esophageal flange visible but appears “tight” -embedded  
No recent illness or infection  
Taking protonix daily  
Recent scan was clear

## Prosthesis

8 mm Provox 2  
Stable for last year and prosthesis had last been changed 2 months prior  
Prior concern for PWS so prosthesis placed retrograde  
Prior extrusion with prolapsed puncture

# Management

## Prosthesis

Removed Prosthesis

Resized and refit with a 10 MM Provox 2

## Patient

Patient instructed to continue protonix and maintain management of VP

## Puncture

Patient returned in 14 days and inflammation appeared to have gone down (a bit) and prosthesis appeared slightly long

Strong voice/no leaks

10 MM maintained

- Patient plays golf daily in the spring and the question was- could the party wall changes be related to allergies?
- Patient did report seasonal allergies prior to TL & resumed seasonal allergy medications.
- Patient remained in 10 MM and now goes back and forth between 8 - 10 depending on season and party wall fluctuations.