CLINICAL COURSE AND OUTCOME OF JUVENILE ONSET of RECURRENT RESPIRATORY PAPILLOMATOSIS TREATED IN UKMMC

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CONCLUSION
Extralaryngeal spread of JORRP is significantly related to the presence of tracheostomy with shorter surgical interval. Tracheostomy can be avoided if diagnosis is made and treatment instituted early. Younger onset associated with more aggressive disease and dysplastic changed histologically. Hence, authors would like to highlight the importance of regular follow-up with endoscopy at extralaryngeal anatomical sites in JORRP even in asymptomatic cases including chest xray.

Retrospective review of patients treated in UKMMC between 2002 and 2017 were reviewed. The clinical presentations and course of disease were analyzed.

INTRODUCTION
Juvenile Onset Recurrent Respiratory Papillomatosis (JORRP) is the most common benign neoplasm of the larynx in children which caused by human papillomavirus (HPV) types 6 and 11.(1) It is characterized by recurrent papillomas of the epithelial mucosa in the respiratory tract that requires repetitive debulking for airway control. Tracheostomy is reserved for patients with aggressive disease that has the potential to occlude the airway. It increases risk for rapid colonization and serves as conduit for distal spread to tracheobronchial tree.(2)

RESULTS
There were 19 patients, 12 males and 7 females Age of presentation ranging from 8 months to 8 years old. Seven (36.8%) required tracheostomy in which 3 of them were done at our centre. Three patients were decanulated, however 1 patient required tracheostomy again due to extensive disease. Extralaryngeal spread were commonly seen in patients with tracheostomy. Three patients were misdiagnosed as asasthma prior to the definitive diagnosis. Three patients used adjuvant therapy (intralesional cidofovir, interferon, HPV vaccine – Gardasil) but did not show any improvement. The mean follow up time was 4.8 (range 1-17 years). Patients with tracheostomy required more procedures per year (mean 3.2).

CO2 laser and microdebrider were the surgical techniques usually employed. Three patients had histopathologic dysplasia change and one patient has lung involvement after 8 years of diagnosis. There is no mortality in this series up to date.

DISCUSSION
Recurrent respiratory papilloma is a frustrating disease to treat and associated with significant morbidity. Current standard management of RRP is surgical excision with aim to preserve adequate voice and airway patency(1). Tracheostomy is reserved for patients with impending airway compromise where multiple surgeries have failed.(2,3). Adjuvant therapy can be considered in aggressive disease but there is lack of standard protocol.(1)

REFERENCES

FUTURE
Impact of HPV vaccine?
• recent reports have showed the reduction in incidence of new cases
• Future research will look at the incidence and pattern of RRP after long-term used of HPV in the population.

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