

**PRIMARY PROSTHETIC VOICE REHABILITATION IN PATIENTS AFTER LARYNGECTOMY:  
APPLICATIONS AND PITFALLS**

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In laryngopharyngeal malignancies total laryngectomy may be required and major laryngeal functions are then affected. The use of the tracheoesophageal (T-E) silicone rubber voice prosthesis is most effective and well-established procedure to restore the voice in these patients. The prosthesis is usually well-tolerated with only minor complications, e.g. leakage, granulations, fibrous ring formation or fungal colonisation. Severe complications are very rare.

We present our experiences with this technique at the Clinic of Otorhinolaryngology and Head and Neck Surgery in University Hospital in Martin, Slovakia between years 2005-2013 and report the case of a 48-year-old man with secondary prosthesis inserted through T-E shunt 16 months after laryngectomy. On 6<sup>th</sup> day the patient developed shunt decay. After removal of the prosthesis the tissue defect was sutured and gastrostomy was performed. Due to repetitive tissue decay at 7<sup>th</sup> postoperative day, reconstruction of trachea and oesophagus were necessary. At day 10, peritracheoesophageal fistula developed. Because of intense fibrotic and inflammatory changes reconstruction was not indicated. After 6 months, oesophageal stenosis occurred and endoscopic dilation in local anaesthesia had to be performed.

The T-E voice prosthesis has become one of the choices for voice rehabilitation following total laryngectomy and may improve patient's long-term quality of life. Even the overall risk of severe complications seems relatively low, some of them might be challenging and require specific management.

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