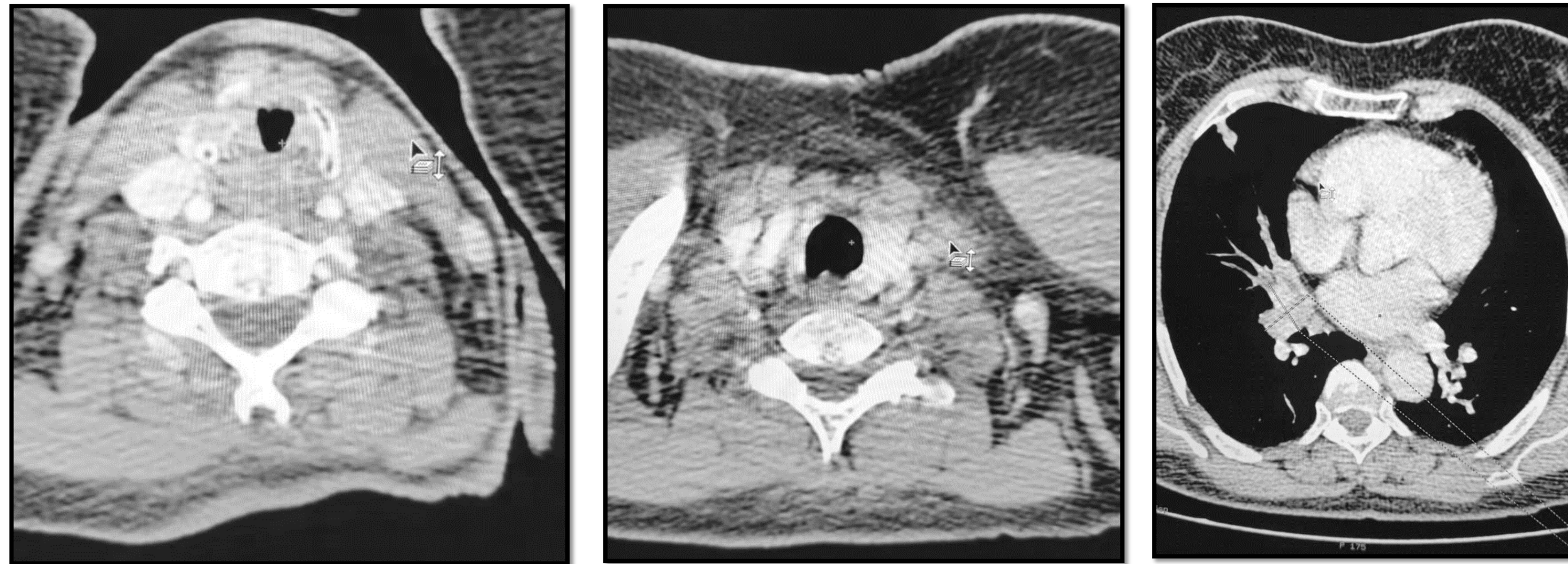


## Abstract

Although laryngeal amyloidosis accounts for less than 1% of all benign laryngeal tumours, it is the most common site of amyloid deposition in the head, neck and airways. The importance of laryngeal amyloidosis is that it can be confused with laryngeal cancer because of its clinical features.



**Fig.1 Cervicothoracic CT scan in axial section** showing: - Irregular subglottic parietal thickening with partial stenosis extending to the thyroid cartilage, paraglottic space and inferiorly to the first tracheal ring  
- Parenchymal mediastinal mass on the right, associated with a homolateral mediastinal adenopathy

## Objectifs

We aim to study the clinical presentation and the management of this entity.

## Méthodes et Matériels

We report a rare case of a laryngeal amyloidosis managed in our department

## Résultats

- 64-year-old woman
- **Medical history** : no specific pathological history, no tuberculosis infection, no history of alcohol or tobacco consumption, only exposure to wood smoke
- **Reason of consultation**: - **Dysphonia**: gradually progressed over a year  
- **Exertional dyspnea**
- **Clinical examination of the head and neck**: No pathology
- **Direct laryngoscopy** : partially stenosing subglottic tumour process extending upwards towards the anterior third of the true right vocal cord and the anterior commissure and downwards towards the trachea.
- **Cervicothoracic CT scan** :  
- Irregular subglottic parietal thickening with partial stenosis extending:
  - **Superiorly and anteriorly**: to the right true vocal cord with involvement of the anterior commissure and probably extending to the thyroid cartilage.
  - **Posteriorly**: extending to the posterior commissure and the cricoid cartilage.
  - **Laterally**: to the paraglottic space and inferiorly to the first tracheal ring.
- Parenchymal mediastinal mass on the right, associated with a homolateral mediastinal adenopathy.
- **Pathological examination of laryngeal biopsies** **laryngeal amyloidosis** without any signs of malignancy
- **Minithoracotomy and biopsy of the lung mass**: **Primary lung adenocarcinoma**
- **Therapeutic decision** :Radio-chemotherapy

## Conclusion

Laryngeal amyloidosis remains a rare and clinically challenging disease. The management of this disease must be evaluated on a case-by-case basis and managed by an appropriate multidisciplinary team.

## Références

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