

Laser surgery zaps throat cancer

Julia Sidorova did what anyone with a hoarse voice would do – she ignored it, figuring it would go away eventually. “It wasn’t painful,” she said, and she didn’t worry about it for almost two years.

But when she consulted her primary care provider and an otolaryngologist (ear, nose and throat specialist) about another problem altogether, her doctors discovered she had cancer, carcinoma in situ, on her vocal cords.

Sidorova had four surgeries to remove the lesions, but a month after each, her cancer returned. Her voice quality had deteriorated to a mere whisper and Sidorova was forced to communicate mostly with her hands. Then she found **Dr. Nicole Maronian**, UW assistant professor of otolaryngology – head & neck surgery at UW Medical Center.



Dr. Nicole Maronian

“Julia could barely talk with a very high-pitched, squeaky sounding voice,” says Maronian. “It took a lot of effort and made her fatigued. I performed a flexible endoscopy in the office to carefully examine the vocal folds. I saw ongoing masses on the vocal cords that were concerning for more cancer.”

Maronian performed a small biopsy to confirm the diagnosis and then talked to Sidorova about the pulsed dye laser (PDL). It was a new surgical tool and studies had shown that it gave good results for relief of lesions and voice preservation.

“The PDL laser is excellent for superficial growths. This would include benign growths like papillomas (warty masses of the vocal cords) or granulomas, precancerous growths, and even early vocal cord cancers,” says Maronian.

Unlike radiation therapy, laser treatments can be repeated, keeping many patients out of the operating room. “This is helpful to patients who are too sick to undergo general anesthesia or for patients who

can be scheduled without the need to miss work or school as one would for a planned surgery,” says Maronian.

In March 2004, UW Medical Center acquired the laser and Julia Sidorova was one of the first patients at the medical center to receive this laser treatment.

The outpatient office procedure is very simple. After applying numbing medication, Maronian directs a flexible telescope down the patient’s nose into the throat.

The laser beam is delivered by a small flexible fiber that is passed through the telescope. Using the scope, Maronian sees everything inside the throat, vocal cords and all, and is able to pinpoint the cancerous lesions and zap them with the laser.

“The laser utilizes a specific wave length of light to stop the growth of lesions by effectively cutting off their blood supply,” she says. “This has the

added benefit of being a very superficial treatment, which is why it can be used so effectively on sensitive structures like the vocal cords. It does not cause deep or permanent damage.”

“I lost my voice for one day after the procedure,” Sidorova says. “But I had a dramatically shorter recovery compared to the surgeries.”

Gradually, Sidorova’s voice is improving. She has had three follow-up visits and no recurrence of her cancer.

As a research scientist for the UW Department of Pathology, Sidorova’s job often requires her to give presentations before a room full of people. Laser surgery has allowed her to get back to this part of her job, one she missed.

For more information about the PDL laser, contact the Otolaryngology – Head & Neck Surgery Center at 206-598-4022 or on the Web at www.uwENT-headneck.org.



Julia Sidorova’s hoarse voice turned out to be carcinoma in situ, an early stage form of cancer, on her vocal cords. After three failed surgeries, Julia’s cancer was put into remission with a pulsed dye laser.