

## Non-Laryngeal Cancer and Voice

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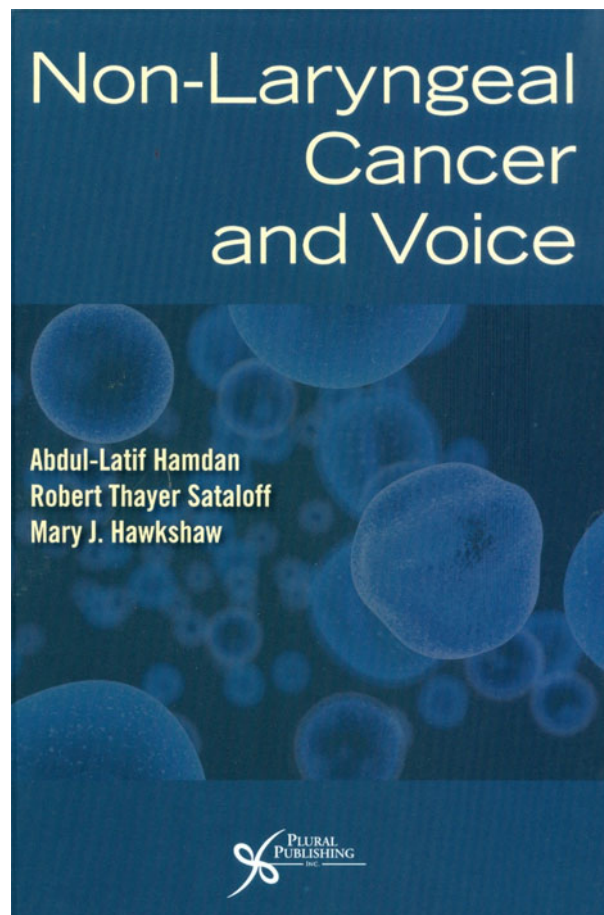
It is surely a sign that the world is returning to normality when, after a very quiet review spell, I get two books from this publisher, both on voice disorders and both by world leaders in the field.

I will confess it took me a moment to re-read the title to appreciate what a novel idea this is. This is not the expected laryngeal neoplasm presenting with hoarseness, not the outcome for surgery versus radiotherapy, nor methods of alaryngeal speech restoration. Now lung cancer and that immobile left vocal fold is not a surprise, and, indeed, that is the first non-laryngeal primary tumour addressed. However, then we get whole chapters on breast cancer, on colorectal cancer, on prostate, thyroid, renal, gastric and liver cancer affecting the voice. Most of these would never have occurred to me as significantly related, but I now know better.

The book inevitably opened with the anatomy and physiology of the vocal tract. There followed a particularly good chapter on detailed history taking, with a sizeable appendix presenting a very useful template. So far though, the title issue was not really addressed. Similarly, physical examination remained generic in covering endoscopy, stroboscopy, aerodynamic measures and acoustic analysis. The emphasis was still on the professional voice user, as in most texts, and the content probably of more appeal to the novice.

But then came what was called 'Section II', which actually made up 80 per cent of the book and carried chapter titles as outlined above. Lung cancer obviously concentrated on vocal fold paralysis and its palliation, but also addressed the associated systemic illness and dysphonia related to both chemotherapy and radiotherapy. Again, it is no surprise that breast cancer metastatic to the lung could cause an immobile vocal fold, and there is a very lengthy review of its incidence. However, I also learnt that breast cancer is the fourth most common metastatic disease in the larynx itself, with cutaneous melanoma leading the field. In a holistic approach, there is extensive coverage of anxiety, fatigue, pain and insomnia associated with the disease and the trials and tribulations of therapy, affecting voice.

This sets the pattern for every chapter following. There is a consistent approach for each primary tumour, with its aetiology, presenting features and management. Any of them



can metastasise either to the hilum, to prang the recurrent nerve or even directly to the larynx itself, and all are associated with systemic malaise.

This proved a very imaginative textbook, and an excellent review of head and neck tumours that our readers will not have managed since early training. It carries an important message for all dealing with voice disorders, but should appeal to a wide spectrum of oncologists. This is one for the 'General Section' in the post-graduate library, lest it be overlooked by the casual browser.

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