

# An external validation of C-reactive protein reduction as a predictor of healing following laryngopharyngectomy

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## Abstract

Key Points \* CRP reduction at day five of more than 35% from the previous highest concentration post-laryngectomy or laryngopharyngectomy has been proposed to positively predict healing without pharyngocutaneous fistula \* Retrospective cohort analysis of 163 patients has not been able to externally validate these findings. \* ROC curves and subset analyses have not identified alternative parameters to reach significance \* However, there is a non-significant association with decreasing postoperative CRP and healing without fistula. \* Multicentre prospective studies to include post-operative procalcitonin could help refine this protocol further.

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