

TABLE 1
Study List and Details

| Author | EL | Characteristics | Study | Lesions | Laser setting | Outcomes | Results | Findings |
|-----------------------|----|--|--------------------------|--|--|---|---|--|
| CO₂ | | | | | | | | |
| Castillo et al | D | N/proc:29/NA Age:14 months old-84 years old Gender:10F/19M | Retrospective | Laryngeal Papillomatosis | 3-6W continuous power 100-200Hz repetition rate | Complications HPV detected recurrence remission(No recurrence occurred within two months) clearance(No recurrence occurred within three years) cure(No recurrence occurred within five years) | n=3/29(10.4%) n=22/29(75.8%), mainly HPV6 and HPV11 n=13/29(44.8%) n=6/29(20.7%) n=10/29(34.5%) n=12/29(41.3%) | Papillomatosis is characterised as a pathology with an unpredictable course and with a low probability of malignancy. CO2 laser surgery has meant a revolution in symptomatic treatment, but there is presently no curative treatment |
| Dedo et al | D | N/proc:109/548 Age:NA Gender:43F/66M | Retrospective | Laryngeal Papillomatosis | NA | Complications: acute upper airway obstruction anterior glottic webbing Remission Malignant Degeneration Death | n=2(1.8%) n=9(8.1%) n=45(41.3%) n=3(2.7%) n=0(0%) | Treatment of LP with CO2 laser followed by podophyllum painting represents a clear advance over traditional mechanical methods of papilloma removal when voice quality, remission rate, and especially incidence of complications, and occurrences of death are considered |
| Dedo et al | D | N/proc:244/548 Age:NA Gender:81F/163M | Retrospective | Respiratory Papillomas | 20 W continuous power 0.2 seconds to continuous exposure time 1 to 2 mm spot size | Complications: anterior glottic webbing Remission Clearance Cure Malignant Transformation Death | n=68(27%) n=93(37.3%) n=15(6.1%) n=43(17.2%) n=4(1.6%) n=0(0%) | A true cure with elimination of all human papilloma viruses (particularly types 6 and 11) will not be achieved until a uniformly effective vaccine or antiviral and immunomodulating agents are developed |
| Holler et al | D | N/proc:6/90 Age:3-17 years old Gender:6M | Prospective | Juvenile-onset Recurrent Respiratory Papillomatosis | NA | Jitter% Shimmer% NHR% CAPE-V | 4.57 14.66 0.31 60 | the data demonstrate a correlation of worsening voice quality with increased exposure to the CO2 laser |
| Koji et al | D | N/proc:9/14 Age:30-56 years old Gender:5M/4F | Prospective validation | Recurrent Respiratory Papillomatosis | 2-3w continuous or super pluse power | Recurrence | n=3/9(33.3%) | CO2 TNFLS is feasible as an in-office surgery for patients with laryngopharyngeal pathologies. The therapeutic outcome is as expected with advantage of low patient burden and easy to repeat. |
| Hu et al | D | N/proc:6/10 Age:NA Gender:NA | Retrospective | Recurrent Respiratory Papillomatosis | 5w power in super pulse with 0.05s on | Complication Incomplete surgery Intolerance | N=0/10 N=2/10 N=1/10 | With meticulous patient selection, office-based laryngeal surgery performed using a carbon dioxide laser appears to be a feasible treatment option for various types of vocal lesions. |
| Preuss et al | D | N/proc:64/137 Age:NA Gender:NA | Retrospective | Recurrent Respiratory Papillomatosis | 25 W | Complications: glottic webs, scar temporary laryngeal edema airway fire Recurrence, Malignant transformation, Secondary airway carcinoma | n=4/64(6%) n=2/64 n=0/64 n=3(4%) | Laser microsurgery is the preferential treatment modality due to the low rate of severe scarring and a lower tracheostomy rate as compared with laryngeal microsurgery with cold instruments. |
| Robb | D | N/proc:5/11 Age:2.5-23 years old Gender:4F/7M | Retrospective | Recurrent Laryngeal Papilloma | 10-30w in intermittent or plused | Complications Remission(more than 1 year) Intractable airway obstruction | n=0/11 n=5/11 n=2/11 | What the laser has to offer over other modalities, is the ability frequently to treat the paediatric larynx, with little risk of post-operative oedema or bleeding, reduced hospital in-patient stay, and only mild discomfort. However, even using frequent laser treatment, a small number of severely affected children will require tracheotomy for incipient or overt respiratory obstruction |
| Saleh | D | N/proc:3/NA Age:1-7 years old Gender:NA | Retrospective | Recurrent Laryngeal Papillomatosis | 8-10w power | Complications | n=0/3 | NA |
| Mattot et al | D | N/proc:37/595 Age:1-56 years old Gender:11F/26M | Retrospective | Laryngeal Papillomatosis | NA | Complications: carcinoma of larynx bronchial papillomata Remission | n=1/37 n=0/37 n=13/37(35%) | The number of operations per year does not correlate with eventual remission |
| KTP | | | | | | | | |
| Burns et al | D | N/proc: 37/55 Age: 23-73 years old Gender: 16F/21M | Prospective Uncontrolled | recurrent laryngeal papillomatosis | 15 ms pulse width 5.25-7.5 J/pulse 2 Hz repetition rate 20-80 J/cm ² fluence | Complications >90 regression(4-12weeks) 75%-89% and 15%-74% regression | N:0/51 n=28/35 n=4/35 to 3/35 | KTP laser procedure is useful and safe for recurrent papillomatosis. The majority of patients had >90% of lesion regression at 4 to 12weeks postoperative |
| Hung et al | D | N/proc: 16/79 Age: 23-73 years old Gender: 6F/10M | Prospective | Recurrent respiratory papillomatosis | 30-50 ms pulse width 7-8 W 2 Hz repetition rate | Complications VHI-10: (1) before operation; (2) after the first operation; (3) after 2 to 5 repeated in-office or in-hospital procedures; (4) after 6 to 10 procedures CPPs: (1) before operation; (2) after the first operation; (3) after 2 to 5 repeated in-office or in-hospital procedures; (4) after 6 to 10 procedures GRB: (1) before operation; (2) after the first operation; (3) after 2 to 5 repeated in-office or in-hospital procedures; (4) after 6 to 10 procedures | NA (1) 28.3; (2)12.0; (3)10.1; (4)11.0 (1) 6.8; (2)10.5; (3)10.9; (4)11.3 (1) 5.0; (2)2.4; (3)2.4; (4)1.4 | KTP laser can be an effective tool for managing RRP. Voice quality can be well preserved even after a dozen KTP laser procedures |
| Kaluskar et al | D | N/proc: 9/NA Age: 39-58 years old Gender: 2F/7M | Prospective Uncontrolled | Inverted papilloma of the nose and paranasal sinuses | 8 W of power in continuous mode at least 80% calibration | Complications Recurrence (1 year) | n=0/9 n=1/9 | KTP laser is a good option in view of the low rates of recurrence and the minimal postoperative morbidity |
| Wei et al | D | N/proc:18/33 Age:12-68 years old Gender:F3/M15 | Retrospective | Recurrence Laryngeal Papilloma | 6w of power | Complications Cure Effective(tumour remission rate>50%) Ineffective(tumour remission rate<50%) | n=0 n=11/17 n=3/17 n=3/17 | KTP laser is safe and effective in the treatment of recurrent laryngeal papilloma |
| Liu et al | D | N/proc:22/NA Age:3-60 years old Gender:NA | Retrospective | Laryngeal Papilloma | NA | Complications Cure Recurrence | n=2/22 n=19/22 n=3/22 | KTP laser treatment is less destructive and it has high accuracy and precision, also with good hemostatic effect |

TABLE 2
Study Characteristics at Preoperation

| Outcome | KTP laser^a | Patients, n | CO₂ laser^a | Patients, n | P value^b |
|----------------|------------------------------|--------------------|---|--------------------|----------------------------|
| Age | 49.83±7.05 | 91 | 34.83±7.36 | 85 | <0.001 |
| Male | 65.61% (292 of 445) | 445 | 66.25% (53 of 80) | 80 | >0.05 |

^a Values are presented as mean ± SD.

^b Between group KTP and group CO₂. Bold indicates P<0.05.

TABLE 3
Clinical outcome comparisons

| Outcome | KTP laser | Surgery, n | CO₂ laser | Surgery, n | P value^a |
|----------------|--------------------|-------------------|-----------------------------|-------------------|----------------------------|
| Cure | 87.25% (89 of 102) | 102 | 75.98% (389 of 512) | 512 | 0.0127 |
| Complications | 2.32% (2 of 86) | 86 | 17.71% (88 of 497) | 497 | <0.0001 |
| Recurrence | 9.80% (10 of 102) | 102 | 10% (34 of 340) | 340 | 0.2967 |

^a Between group CO₂ and group KTP. **Bold** indicates P<0.05.