شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

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٣٣٤

SUSPENSION MICROLARYNGOSCOPY WITH HIGH MAGNIFICATION IN THE MANAGEMENT OF BENIGN LESIONS OF THE VOCAL FOLDS

Thesis
Submitted for partial fulfillment
Of Master degree in
Oto-Rhino-Laryngology

By

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بسم الله الرحمن الرحيم

﴿قالوا سبحانك لا علم لنا إلا ما
علمتنا إنك أنت العليم
الحكيم﴾

صدق الله العظيم

البقرة (٣٢)

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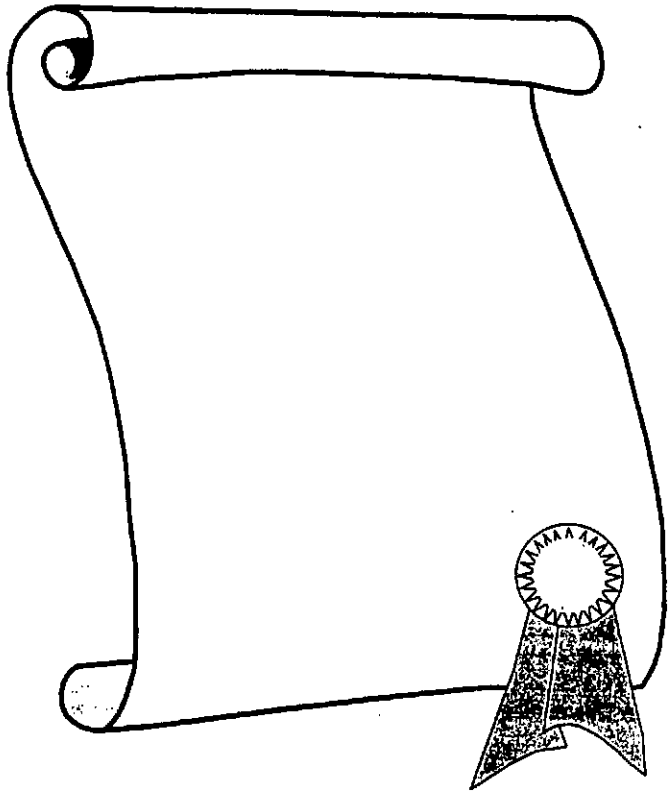

INTRODUCTION

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Phonation is the process of production of voice by vibration of the vocal folds in the larynx by air exhaled from the lungs [1,2]. Organic and functional voice disorders are frequently met with in our daily practice. These disorders present social handicap particularly in females and voice users like teachers, singers and actors. [3,4]

Organic dysphonia due to benign lesions of the vocal folds are caused by either a disturbance of the vocal fold mucosal vibratory wave pattern or, secondary to incomplete glottic closure, or a combination of these two factors [5].

Microlaryngosurgery has been applied for diagnosis and treatment of many organic causes of laryngeal phonatory disorders [6,7]. This procedure is known as phonosurgery, which aims at restoration and improvement of vocal performance. The hallmark of phonosurgery is mucosal preservation and maintenance of the vocal ligament integrity. These procedures can be divided into six different categories: tissue excision, tissue injection, tissue vaporization, framework procedures, neuromuscular adjustment and conservation [8].

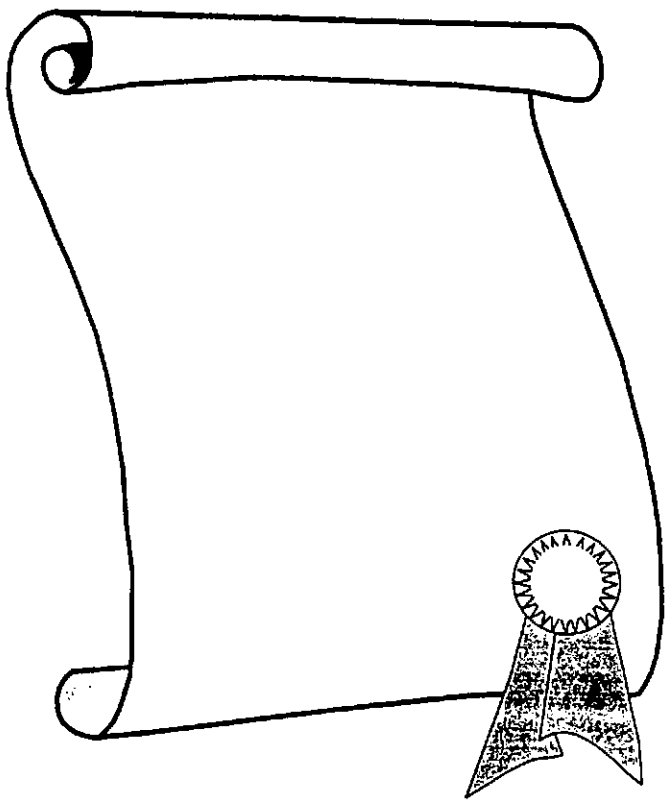
Tissue excision is the removal of the pathological tissues through either microdissection tools or the use of laser [9].

In tissue injection, various injectable materials are utilized to change the shape or position of the vocal fold.

Tissue vaporization is accomplished through the use of the laser. Organic defects like vocal fold varices and papillomata can be successfully treated through tissue vaporization [10].

In framework procedure, several different methods are used, the intent of which is to change the position, shape or tonicity of the vocal fold. The most common application involves medialisation of an immobile vocal fold via an externally inserted implant. [11,12,13,]

Two different types of phonosurgery fall under the neuromuscular adjustment: reinnervation for vocal fold paralysis, and nerve lysis for spasmodic dysphonia. In the former type, nerve muscle pedicle is used to be inserted into various intrinsic laryngeal muscles or actual nerve anastomoses to restore muscle tone and function [15,14].



AIM OF THE WORK

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The aim of this work is to study the characteristics of the different benign lesions of the larynx and to evaluate the technique of suspension microlaryngoscopy with high magnification in the management of these lesions.