ATLAS OF LARYNGEAL SURGERY

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SURGERY

Cover art was redrawn by Phyllis Wood from Anatomical Studies by Leonardo da Vinct (The Queen's Collection at Windsor Carde).

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We have intended to provide for the reader a comprehensive atlas of surgical procedures involving the larvnx. All the procedures have been and are used by at least one of the authors. We have attempted to exclude procedures that are impossible to perform or have a very low chance for suc-

The format of the book is designed to provide for the laryngeal surgeon a framework from which to choose the most appropriate sur, cal procedure. Each procedure is presented in a standardized fashion by identifying the indications, contraindications, advantages, disadvantages, complications, specific workup, equipment, preoperative planning, surgical technique, postoperative considerations, and finally special comments (or pearls) that highlight steps to success with the surgical procedure. The bibliographies are sparse by design. However, important references are cited in all chapters. on to notificate discount to notificate dis

We give specific appreciation and acknowledg- novem to small and acknowledgment to the contributions of Dr. Mark Richardson, aw assury adogyd some Ernest A. Weymuller, Jr. Department of Otolaryngology, University of Washl'etal laryngamharyngectomy: reconstruction with deltopectoral flap, 318

Radical nack dissection, 242 ington, for the chapter, "Pediatric Laryngotracheal Stenosis," and Dr. Bruce Pearson, Department of Otolaryngology, Mayo Clinic, for the section, "Near-Total Larvngectomy."

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The reader will note that the medical illustrator is listed as an author. This innovative concept has evolved from the growing awareness and appreciation by other authors of Ms. Wood's depth of understanding of the surgical procedures, not to mention the brillie ce that characterizes her artistic interpretations. It is apparent that the illustrations represent Ms. Wood's life's work every bit as much as the text represents that of the surgeons, and as such she should be recognized as an author.

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Chapter 1

ANATOMY

The intention of this chapter is to provide an easy reference to laryngeal anatomy. This is done with a schematic outline of the extra- and intralaryngeal musculature, by graphically depicting the laryngeal neurovascular anatomy, by including histologic total laryngeal sections both in the coronal and horizontal planes, and with a schematic definition of the supraglottis, glottis, and subglottis.

A. Lateral view

- 1. Extralaryngeal musculature (Fig. 1-1)
 - a. Sternohyoid muscle
 - b. Sternothyroid muscle
 - c. Omohyoid muscle
 - d. Thyropharyngeal muscle
 - e. Cricopharyngeal muscle from the inferior constrictor

ANATOMY

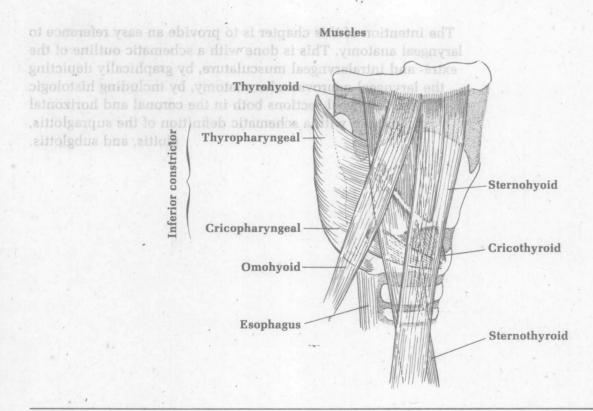


FIG. 1-1

- 2. Neurovascular anatomy (Fig. 1-2)
 - a. Superior laryngeal nerve
 - b. External and internal branch (motor and sensory)
 - c. Recurrent laryngeal nerve
 - d. Superior thyroid artery and vein with superior laryngeal branches

- Posterolateral view (Fig. 1-3)
- Endolaryngeal musculature
- a. invioarymented interior
- b. Lateral cucoarytenoid muscle
- d. Arytenoid muscles, transverse and
 - a Arveniglottic muscle

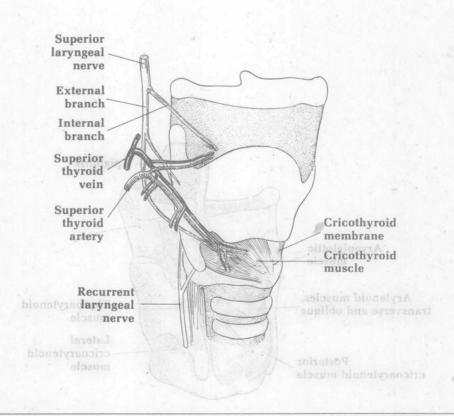


FIG. 1-2

- B. Posterolateral view (Fig. 1-3)
 - 1. Endolaryngeal musculature
 - a. Thyroarytenoid muscle
 - b. Lateral cricoarytenoid muscle
 - c. Posterior cricoarytenoid muscle
 - d. Arytenoid muscles, transverse and oblique
 - e. Aryepiglottic muscle

Neurovascular anatomy (Fig. 1-2)

L. Superior laryngeal nerve

External and internal branch (motor and sensory)

Recurrent laryngeal nerve

L. Superior thyroid artery and vein with superior laryngeal branches

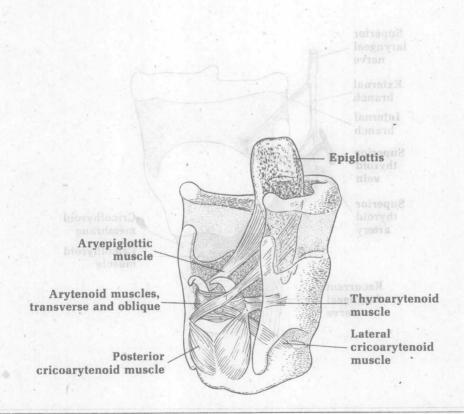


FIG. 1-3

- C. Horizontal view (Fig. 1-4)

 1. Endolaryngeal musculature
 a. Throarytenoid muscle, internus (vocalis) and externus
 - b. Aryepiglottic muscle
 - c. Posterior cricoarytenoid muscle
 - d. Lateral cricoarytenoid muscle
 - e. Cricothyroid muscle

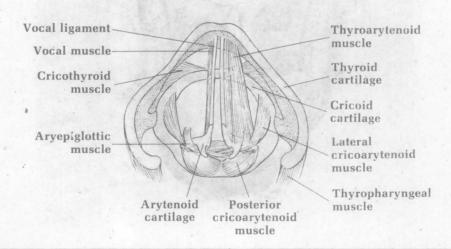


FIG. 1-4

D. Coronal sections

- Very anterior coronal section of the adult male larynx (Fig. 1-5)
 - a. Cricothyroid muscle (CT), rectus and oblique
- b. Thyroarytenoid muscle (TA), internus and externus
- c. Thyrohyoid muscle (TH)



FIG. 1-5

2. Coronal serial section farther posterior than Fig. 1-5 (Fig. 1-6)
a. Thyroid cartilage (T)
b. Saccule of the ventricle (S)

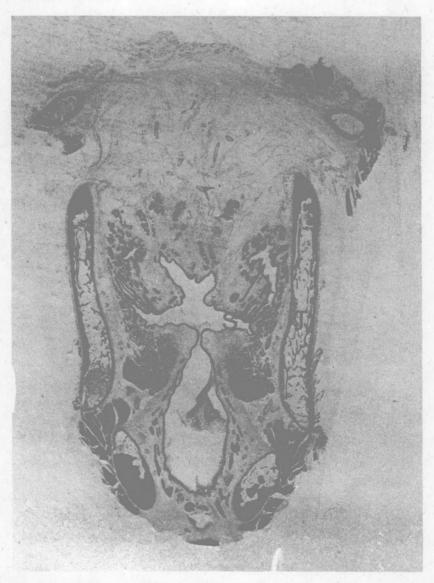


FIG. 1-6

- 3. Fig. 1-7
 - a. Conus elasticus (CE)
 - b. Ventricularis muscle (V)
 - c. Preepiglottic space (PE)

 Coronal serial section farther posterior than Fig. 1-5 (Fig. 1-6)

b. Seconde of the ventricle (S)

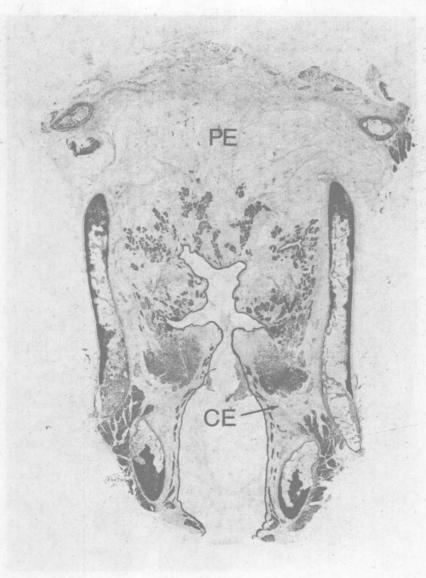


FIG. 1-7

- 4. Far posterior coronal section of adult male larynx (Fig. 1-8)
 - a. Cricoid cartilage (C)
 - b. Arytenoid cartilage (A)
 - c. Cricoarytenoid joint (CA)

- d. Lateral cricoarytenoid muscle (LCA)
- e. Posterior cricoarytenoid muscle (PCA)
 - f. Epiglottis (E)
 - g. Aryepiglottic muscle (AE)



FIG. 1-8

- E. Horizontal sections of adult male larynx
 - 1. Horizontal section at level of thyroid notch (Fig. 1-9)
 - a. Preepiglottic space (PE)
 - b. Thyrohyoid muscle (TH)
 - c. Thyropharyngeal muscle (TP)
 - d. Hypopharynx (H)

- . Far posterior coronal section of adult male
 - larynx (Fig. 1-8)
 - a. Cricoid cartilage (C)
 - O. Arytemond cardiage (A)

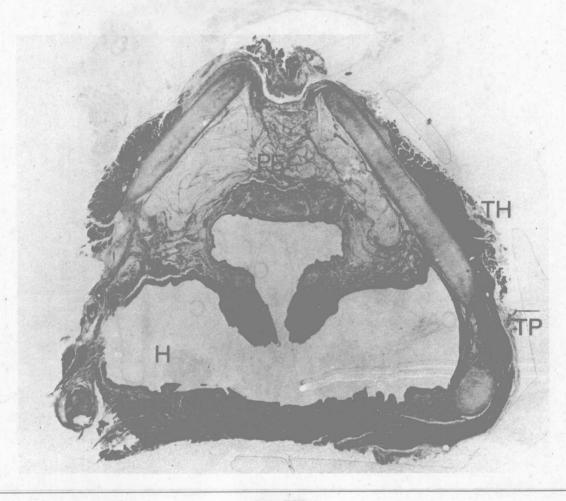


FIG. 1-9