

# Editorial

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Laryngology had its roots since otolaryngologist got interested in the human larynx by looking at it through a mirror (Garcia 1855) and he graduated to direct laryngoscopy which was formally introduced by Alfred Kirstein in 1895. Then onward laryngology had become the fascination for several otolaryngologists as Kleinsasser conceptualized microlaryngoscopy and brought operating laryngoscope into the armamentarium of laryngologist. There was no looking back and several new concepts have originated in the management of infective, functional and neoplastic disorders of larynx.

Lot of research work has gone into physiology and functions of larynx and there is a complete paradigm shift from radicality to organ- and function-preserving surgical techniques (Vaughn 1982). A concept of airway, swallowing and voice production has been developed and laryngeal framework surgery described by Ishiki (1974 and 1978) had revolutionized the practice of laryngology. Neurotology similar to neurotology has become a super speciality and several powered instrumentations in the form of microdebridors, radiofrequency and coblation have been introduced into laryngology to create an airway in bilateral RLN paralysis. Laryngoplastic phonosurgical procedures are done under sedation and the outcome can be evaluated and measured on the operating table making the procedure a gratifying experience both to the surgeon and the patient (Zeitels and Healy).

Management of laryngeal malignancies had also witnessed a sea change and organ- and function-preserving laryngeal conservation surgeries, Laser laryngeal resections have come to stay. Since Jako described laser surgery in experimental dogs in 1972, several workers successfully used different types of laser (Zeitels, 1996, Strong et al, 1978 and Remackle et al 1997). Function-preserving chemoradiation protocols and early vocal rehabilitation by means of prosthetic aided speech have been advocated.

Second laryngeal transplant has become a reality after the first successful laryngeal transplant by Strome et al (2001) in a person whose larynx was dysfunctional as a result of trauma. However, the transplant in malignancies is still controversial and debatable for the fear of recipient's concomitant necessity of immunosuppression.

Laryngology has become a subspeciality of otorhinolaryngology and phonosurgery a superspeciality. However, since origin there is an understanding of the intricately entwined anatomical and physiological as well as functional aspects of the airway, swallowing and voice production. Innovative surgical procedures have been developed to improve the airway safety and the functions of the voice and swallowing.

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