

Editorial

New Trends in Laryngology

Laryngology as a subspeciality or a superspeciality beyond general otorhinolaryngology has come to stay. Quite a few dedicated laryngologists and several ORLs with special interest in laryngology at present can be mainly attributed to technological evolution in diagnostic laryngology and therapeutics.¹

A cursory mirror examination now has minimal role to play in identifying the pathology of the larynx. Videolaryngoscopy and stroboscopy will give more accurate diagnosis. Now high speed cameras can record the minutest details and it is possible to read more than 100 to 160 vocal cord vibrations per second without the strobe light.²

Binocular vision with the operating microscopes and telescopes coupled to the laryngoscopes have widened the horizons and also helped in documentation of the procedures. Lasers started way back in 1980s and came with a bang and then slowly lost the flavor in between against the mucosal lesions. Now with the advent and resurgence of newer lasers, endoscopic laser excisions for limited mucosal lesions and also for extensive transoral excisions of laryngeal cancers within outward.

Transoral endoscopic interventions for benign epithelial lesions of the vocal folds are the mainstay of the treatment. Injection laryngoplasty for the vocal fold paralysis or sulcus, suture laryngoplasty for lateralizing the paralyzed vocal fold in abductor paralysis are some other transoral procedures which have come into play now. Phonomicrosurgical techniques and microflaps have improved the quality of voice in the vocal fold lesions. Transoral robotic surgery (TORS)³ with or without the laser will definitely offer precision surgery.

Newer insights in neurolaryngology might give us some answers for several questions and also about the reinnervation of the recurrent laryngeal nerves. Electromyography and Botox are being widely used for muscle tension dysphonias. Office-based procedures again with or without lasers will take over as they reduce the morbidity and the hospital stay.⁴

However, it should be remembered that voice, airway and swallow are three different functions and closely related to each other anatomically and functionally. Any surgical intervention on the larynx will have an effect on these functions and lead to morbidity.

Some success is reported recently about the laryngeal transplants,⁵ and we all look forward to see more research in that direction.

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