

- LARYNX HISTORY TAKING AND EXAMINATION -

I- History taking:

- **Name, age, smoking, gender and occupation.**

Think of congenital conditions in infants and of cancer in old ages.

- **Complaint and history of present illness**
 - Duration, progression or intermittency
 - Relief by rest of voice or treatment
 - Trauma either external or instrumental.
 - In children with bouts of choking and coughing → think of foreign body inhalation.
 - Any previous treatment or surgery.

II- General examination:

- Anemia, weakness (e.g. in TB).

III- Local ENT examination→Examination of the larynx:

A. Neck examination:

- **Inspection:**
 - Skin condition e.g. scar or redness
 - Swelling in the larynx or the neck
 - Movement with swallowing
 - Retraction in the supra-sternal notch during inspiration
- **Palpation:**
 - The thyroid cartilage for swelling or tenderness
 - Palpation of the cricothyroid lymph nodes
 - Moure's sign. When the larynx is moved lateral, a cracking sensation is felt. This crepitus disappears in postcricoid carcinoma.
 - Palpation of the thyroid gland
 - Palpation of neck lymph nodes.

B. Indirect laryngoscopy: Use the laryngeal mirror (fig 13).

- The mirror is first warmed to prevent fogging by the expired air.
- The tongue is held by a piece of gauze and the mirror is passed behind the tongue base and soft palate. The patient is asked to say "E" to test the mobility of the vocal folds.

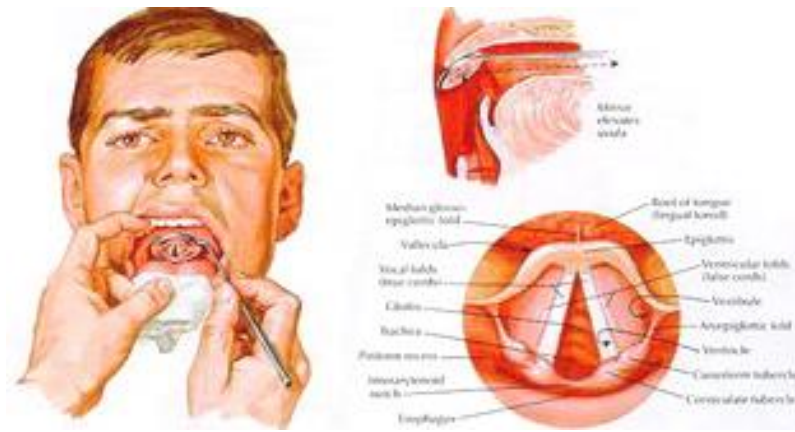


Fig (13) Indirect laryngoscopy with the laryngeal mirror

IV- Investigations:

A. Flexible fiberoptic laryngoscopy: (fig 14)

- The fiberoptic laryngoscopy is introduced through the nose after local anesthesia and pushed past the tip of the epiglottis to visualize the larynx.

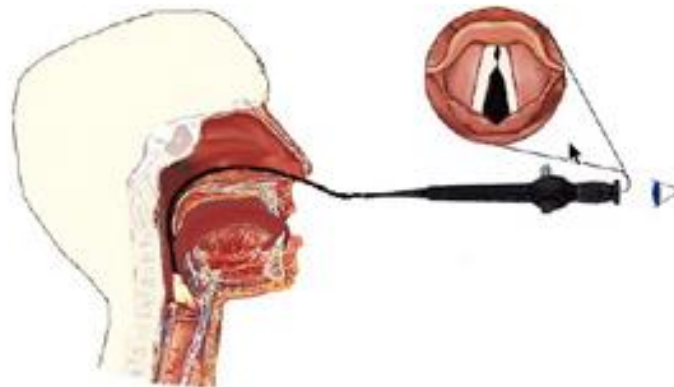


Fig (14) Fiberoptic laryngoscopy (With kind permission of Roy F. Sullivan, Ph.D.)

B. Radiography:

- Lateral view of the neck (fig 15)
- CT is much informative to detect the extension of the laryngeal malignancy and the invasion of the cartilaginous laryngeal skeleton. MRI is sometimes ordered.

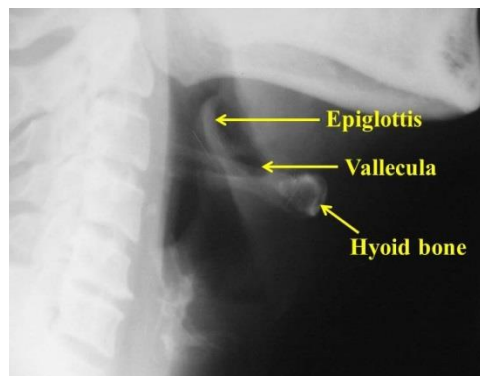


Fig (15) Plain X-ray, lateral view of the neck

C. Direct laryngoscopy: (fig 16)

- Direct visualization of the larynx using the laryngoscope

- **Indications:**

- **Diagnostic:**

- 1) To examine the larynx in children and uncooperative adults
 - 2) To take a biopsy

- **Therapeutic:**

- 1) To remove a foreign body
 - 2) To remove a laryngeal polyp or a nodule
 - 3) To remove a small benign tumor

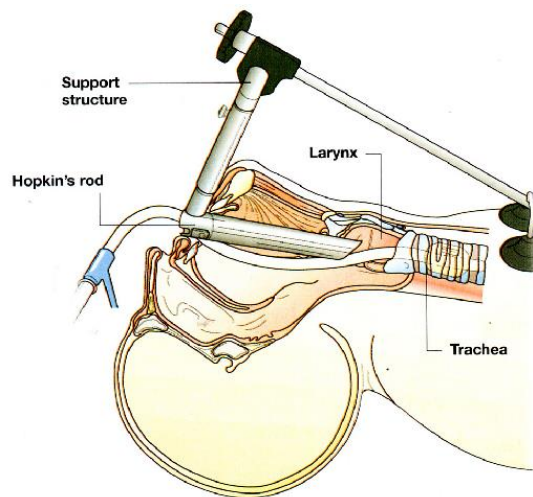


Fig (16) direct laryngoscopy (With kind permission of Roy F. Sullivan, Ph.D.)

D. Stroboscope: This is examination of the larynx by interrupted light thus the vocal cords appear as if vibrating very slowly. This enables to observe the details of the motion thoroughly.