

# Direct pharyngoscopy and laryngoscopy

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Examination of the pharynx, larynx and neck under general anaesthesia may be required to assess the stage and resectability of the primary site, or in instances where comprehensive examination has not been possible; such scenarios include an inadequate clinical examination caused by trismus from pain, poor patient compliance or large obstructive pharyngeal or laryngeal pathology. These examinations may be further aided by the use of an operating microscope or rigid straight and angled (30° and 70°) endoscopes (Hopkins' rods) ( Figure 52.15 ). The advantages and disadvantages of laryngeal examination techniques are given in Summary box 52.3 . Summary box 52.3 - Advantages and disadvantages of larynx and pharynx examination techniques /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

Flexible nasolaryngoscopy	Well-tolerated examination	Can also examine nasal passages and postnasal space	Need fibreoptic light source	Rigid endoscopy	Can be used with stroboscope for evaluation of voice	High-definition view	Needs fibreoptic light source	Bulky and difficult if prominent gag reflex present
Laryngeal mirror	Does not need fibreoptic light source	No record of examination	Low-resolution image	Difficult if prominent gag reflex present				

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