INVESTIGATION OF THE PHARYNX, LARYNX AND NECK Plain lateral radiographs

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Plain lateral radiographs of the neck and cervical spine may show soft-tissue abnormalities, although their sensitivity and specificity is low; of particular importance is the depth and Harold Horace Hopkins , 1918–1994, Professor of Applied Optics, University of Reading, Reading, UK, invented the rigid rod endoscope (Hopkins' rod, 1954) and contributed to the development of the fibres for flexible endoscopes. Key points of history and examination /uni25CF /uni25CF - /uni25CF - /uni25CF /uni25CF - /uni25CF outline of the prevertebral soft-tissue shadow on sagittal section as an indication of retropharyngeal pathology . The outline of the laryngotracheal airway may be a useful guide to the presence of disease in the pharynx and larynx. There should be no air within the upper oesophagus. If air is seen, endoscopy is advised. Radio-opaque foreign bodies may be seen impacted in the pharynx, larynx or upper oesophagus on these radiographs (Figures 52.10 and 52.11).

Mouth Adequate light source and two spatulas to examine the mouth Examine Lips Teeth, gums, gingival sulci Buccal mucosa, opening of parotid ducts Floor of mouth and opening of submandibular salivary ducts Hard and soft palate Retromolar trigone region Anterior and posterior faucial pillars, tonsils Posterior pharyngeal wall Tongue (observe full movements) Palpate Salivary glands/ducts Any mass lesions or ulcers in the mouth Larynx, oropharynx and hypopharynx Indirect laryngoscopy Mirror and headlight Flexible /f_i breoptic pharyngolaryngoscopy Nasopharynx Rigid Hopkins' rod endoscopy Flexible /f_i breoptic nasendoscopy Neck Inspection Tongue protrusion Observe swallowing Palpation If a mass is palpable, evaluate for size, site, shape, consistency, super /f_i cial and deep /f_i xation, /f_l uctuation, transillumination, auscultation

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