Wounds of the thyroid and cricoid cartilage

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Blunt crushing injuries or severe laceration injuries to the laryngeal skeleton can cause marked haematoma formation or swelling and rapid loss of the airway . There may be significant disruption of the laryngeal skeleton. These patients should not have an endotracheal intubation for any length of time, even if this is the initial emergency way of protecting the airway . The larynx is a delicate three-tiered sphincter and the presence of Walter Ellis Sistrunk Jr , 1880–1933, Professor of Clinical Surgery , Baylor University College of Medicine, Dallas, TX, USA. a foreign body in its lumen after severe disruption gives rise to major fibrosis and loss of laryngeal function. These injuries frequently require a low tracheostomy , following which the larynx can be carefully explored, damaged cartilages reposi - tioned and sutured or plated and the paraglottic space drained. An indwelling stent of soft sponge shaped to fit the laryn - geal lumen and held by a nylon retaining suture through the neck may be left in place for 5–10 days to minimise webbing. This stent can be removed endoscopically after cutting the retaining suture and, as the laryngeal damage heals, the patient may then be decannulated.

contained within. Zone Boundary Structures within Trachea, oesophagus, innominate 1 From clavicle/ artery, arch of aorta, brachial sternal notch to plexus, thoracic duct, carotid artery cricoid cartilage Larynx, hypopharynx, carotid artery 2 From cricoid (common/internal/external), internal cartilage to angle jugular vein, sympathetic plexus, of mandible recurrent laryngeal nerve Facial nerve, carotid artery 3 From angle of (internal/branches of external), mandible to skull jugular vein base

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