Číslo výzvy:	02_16_015
Název projektu:	Zvýšení kvality vzdělávání na UK a jeho relevance pro potřeby trhu práce
Číslo projektu:	CZ.02.2.69/0.0/0.0/16_015/0002362
Příjemce:	Univerzita Karlova
Řídící orgán:	Ministerstvo školství, mládeže a tělovýchovy

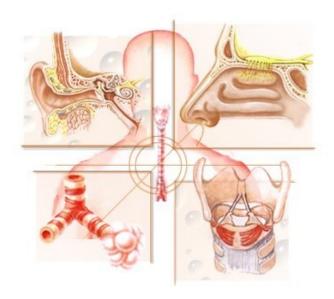


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# **Endoscopy in ENT- definition**

- Endos= *inside* + Scopein= *to look*
- Refers to a diagnostic or therapeutic procedure performed by means of endoscope
- Endoscope must be inserted into the hollow organ or body cavity
- IF NOT= borescopy





# **Endoscopy in ENT- history**

- 1806 <u>Philipp Bozzini</u> (Mainz, Germany)
  - "Lichtleiter" (light conductor) "for the examinations of the canals and cavities of the human body,
- 1822 first use of endoscope inside the human body William Beaumont (gastroscopy through the gun shot injury)
- 1908 first hysteroscopy, 1910 first laparoscopy, 1912 first thoracoscopy

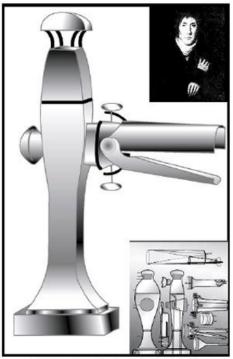


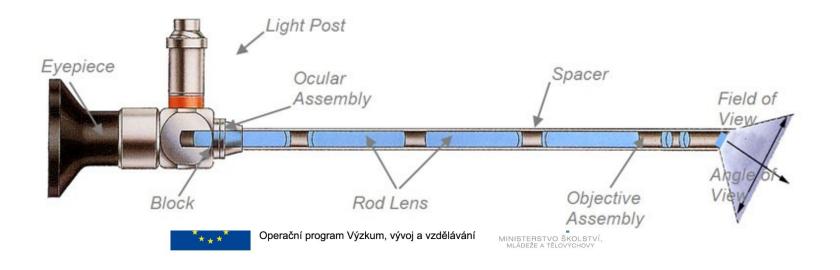
Figura 1. Lichtleiter de Bozzini (1805).





### **Endoscopy in ENT- history**

- 1950s Harold Hopkins invented fiberscope and rod-lens system optics
- 1990 chip-tip endoscopes = videoendoscopes (camera chip at the end of endoscope)
- Capsule endoscopy (wireless)



# **Endoscopy in ENT- history**

- 3D endoscopy
  - DaVinci robotic system (Intuitive)
- Lindenbergh surgery
  - 2001, Jacques Marescaux
    - First transatlantic robotic cholecystectomy







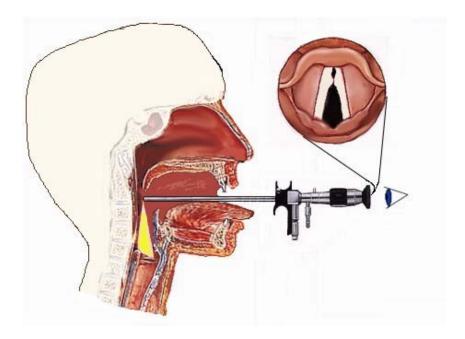
# **Endoscopy in ENT-classification**

- Gastrointestinal tract
  - (hypo)pharygoscopy
  - oesophagoscopy
  - diverticuloscopy
- Respiratory tract
  - Rhinoscopy, nasoepipharyngoscopy, sinuscopy
  - Laryngoscopy
  - Tracheoscopy
  - Bronchoscopy
- Otoscopy
- Sialoendoscopy





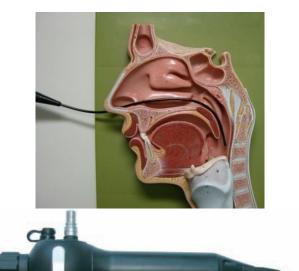
- Rigid telescopes (rod lens optic system)
  - Used in Respiratory tract
    - Rhinoscopy, nasoepipharyngoscop y, sinuscopy
    - Laryngoscopy
    - Tracheoscopy
    - Bronchoscopy







- Flexible endoscopes
  - Used in Respiratory tract, Gastrointestinal tract
    - Rhinoscopy, nasoepipharyngoscop y, laryngoscopy, tracheoscopy, bronchoscopy
    - Oesophagoscopy





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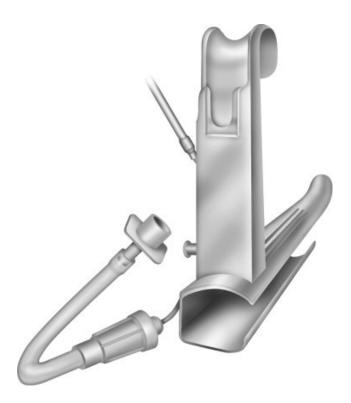
- Videoendoscopes (chiptip flexible endoscopes)
  - Used in Respiratory tract, Gastrointestinal tract
    - Rhinoscopy, nasoepipharyngoscopy, laryngoscopy, tracheoscopy, bronchoscopy
    - Oesophagoscopy







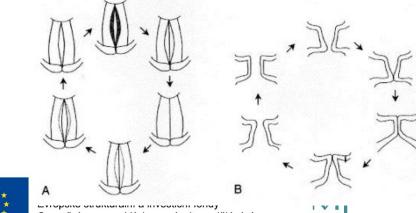
- Rigid endoscopes
  - Used in Respiratory tract, Gastrointestinal tract
    - Laryngoscopy, tracheoscopy, bronchoscopy
    - Oesophagoscopy, diverticuloscopy

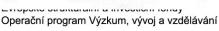






- Special examination of laryngeal function
  - Videolaryngostroboscopy
  - Videokymography, high-speed videolaryngoscopy
- Special examination of respiratory tract mucosa
  - Autofluorescence endoscopy
  - NBI (narrow-band imaging)

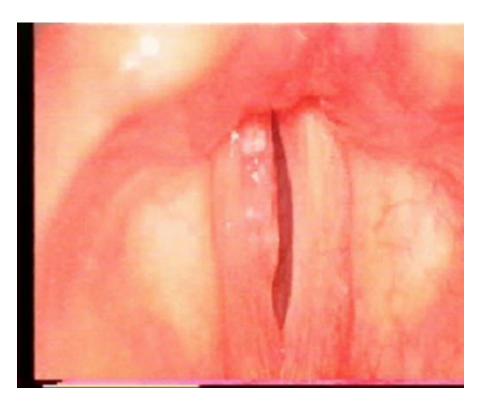




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Videolarygostroboscopy

- observation of the motion of the true vocal cords through the use of intermittent light
- frequency of the light pulses is adjusted to the frequency of vibration of the vocal cords of the person being examined (must be slightly lower or higher)
  - If the frequency of the light pulses coincides with the frequency of the vocal cords, the cords appear to be motionless

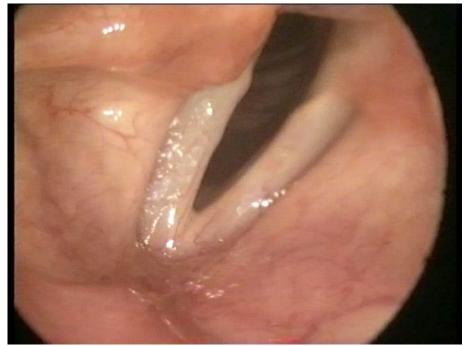






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#### Videokymography High-speed laryngoscopy

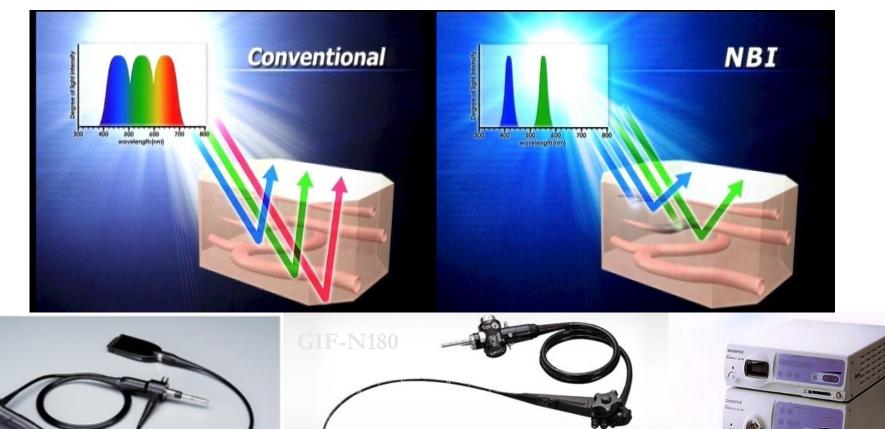
- observation of the real motion of the true vocal cords through the use of kymographic camera or high-speed camera (4-8000 fps)
- In the high-speed mode, the system makes it possible to observe left-right asymmetries, open quotient, propagation of mucosal waves, movement of the upper and, in the closing phase, the lower margins of the vocal folds, etc.





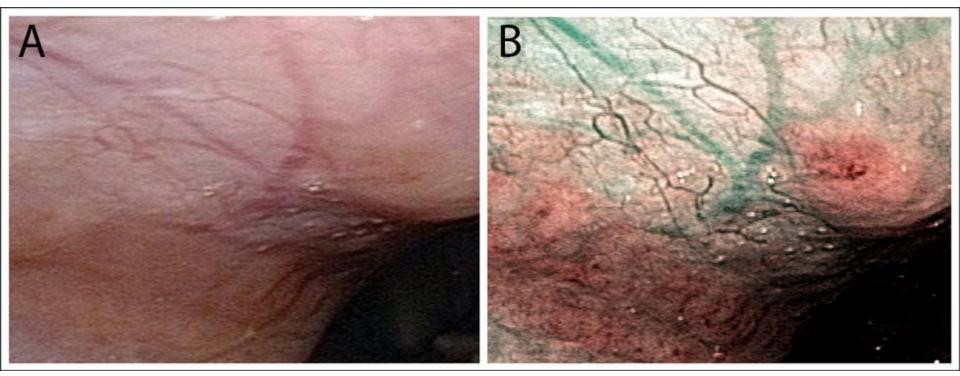


NBI (narrow-band imaging)



EXE

### **NBI principles**





# **NBI diagnostics**

- Early stages of superficial mucosal malignant tumours are characterized by disruption of microvascular architecture
  - shape abnormality and enlargement of capillary loops – in the NBI image observable as "brown dots"
  - suspect lesions in the NBI image well-demarcated brownish area with presence of "brown dots"

Watanabe, A., Taniguchi, M., Tsujie, H., Hosokawa, M., Fujita, M., Sasaki, S. (2008) The value of narrow band imaging endoscope for early head and neck cancers. *Otolaryngol Head Neck Surg.* 138, 446-451.
Lin, Y. C., Watanabe, A., Chen, W. C., Lee, K. F., Lee, I. L., Wang, W. H. Narrowband imaging for early detection of malignant tumors and radiation effect after treatment of head and neck cancer. *Arch Otolaryngol Head Neck Surg.* 136, 234-239.
Piazza, C., Cocco, D., De Benedetto, L., Borfyrpis Striktical ain Vizkum, Viyoj a vzdelávání MINISTERSTVO SKOLSTM. television in the surveillance of head and neck squamous cell cancer after chemo-"and/or radiotherapy. *Eur Arch Otorhinolaryngol.*

# Use of the NBI

- Screening and early diagnosis of early stages of cancer
- Discrimination of suspect malignancy from non-malignant lesions
- Determination of the extent of lesion and targeting of the biopsy
- Follow-up after radiotherapy





#### Screening and early diagnosis of early stages of cancer

### NBI (narrow-band imaging)



# Histology: Ca in situ



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#### Screening and early diagnosis of early stages of cancer

#### NBI (narrow-band imaging)

HDTV



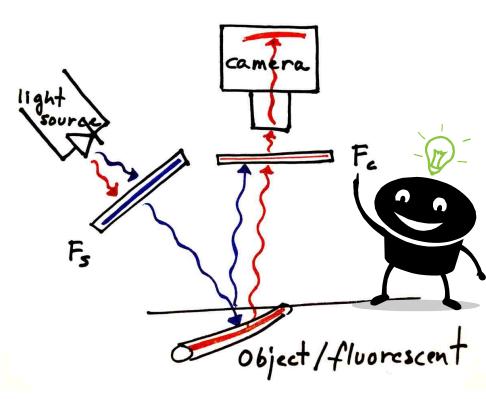


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### **AutoFluorescence principles**

- Interaction of filtered light and natural intracellular chromophores
- Enhances contrast between normal and tumorous tissue



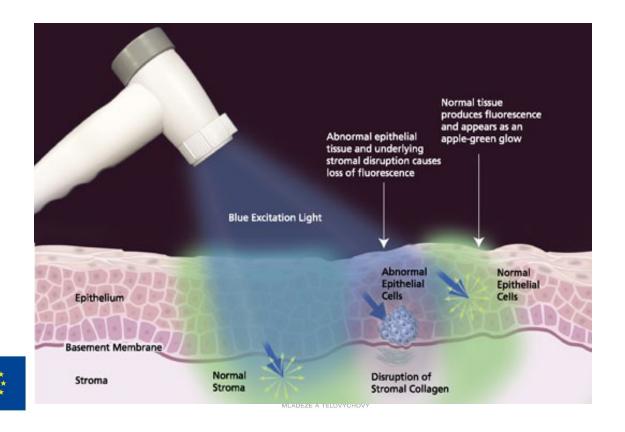




### **AutoFluorescence Endoscopy**

#### Outpatient-settings based device Velscope

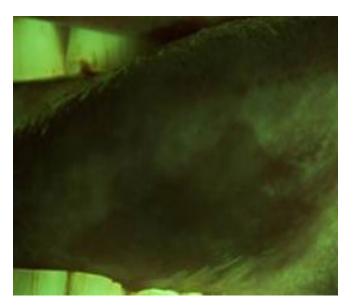




### **AutoFluorescence Endoscopy**

#### examples





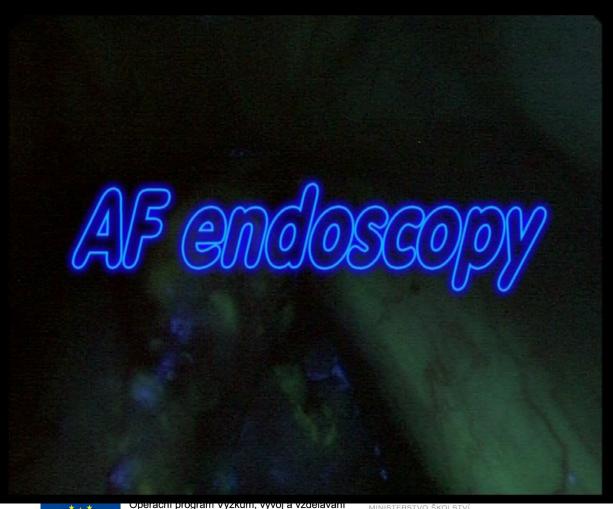


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### **AutoFluorescence Endoscopy**

example

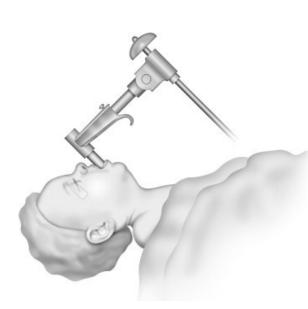


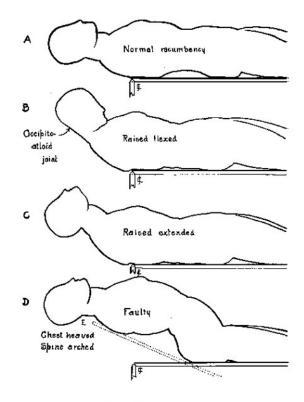
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## Endoscopically assisted laryngeal surgery



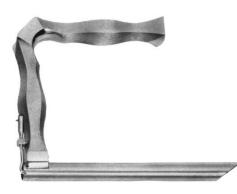




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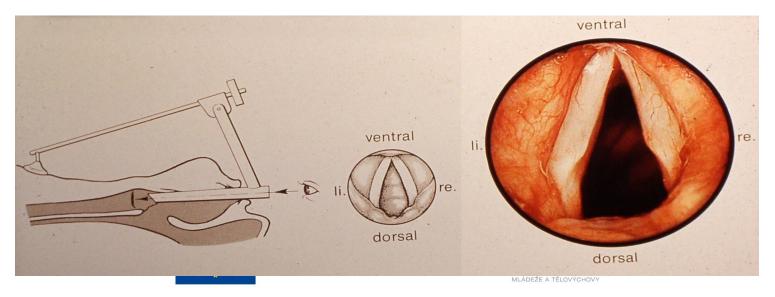
### Laryngoscopy



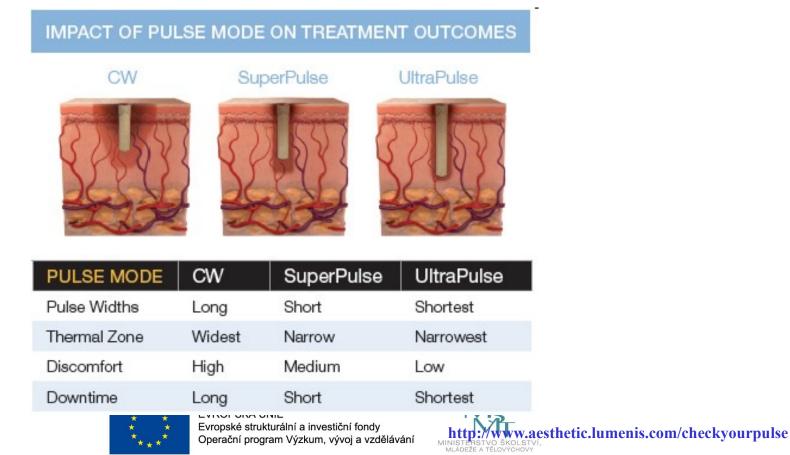
Rigid direct suspension laryngoscopy

Ventilation methods

- standard endotracheal tubes
- laser-safe endotracheal tubes (metallic surface, double rubber cuffs filled with saline)
- low-frequency subglottic jet ventilation



# Laryngeal endoscopic surgery- LASERS



### Advantages of laser assisted endoscopic surgery

- Bleeding control
- Best surgical field visibility
- Accuracy
- Gentle handling of tissues
- "Physiologic minimally invasive surgery"





### **Example of endoscopic procedure**





## **Vocal fold paralysis- peripheral**



#### Causes:

- mostly neck surgery- thyroid surgery, common carotid artery surgery, intrathoracic surgery, malignancies, cardiovascular abnormalities etc.
- left laryngeal nerve more frequently injured

#### Findings:

• a flaccid, shortened vocal fold, in paramedian or intermediate position

#### Symptoms:

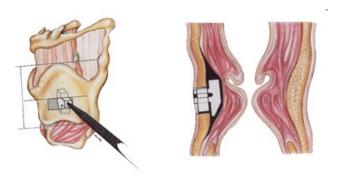
- unilateral- voice breathiness, diplophonia, aspiration from lack of adduction
- bilateral- dyspnea, sometimes results in an urgent tracheotomy





# **Vocal fold paralysis**

Surgical therapy:





#### Unilateral paralysis

 medialization procedures- augmentation, type I thyroplasty to improve the vocal quality

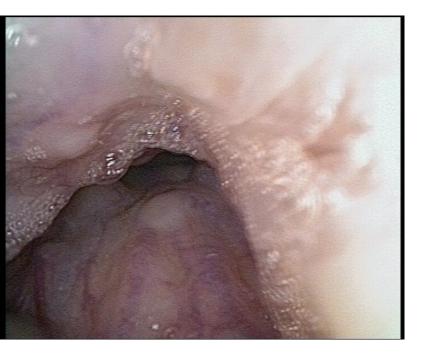
### Bilateral paralysis

- endoscopic laser arytenoidectomy
- posterior cordotomy
- cordectomy
- tracheotomy

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## **Subglottic stenosis**



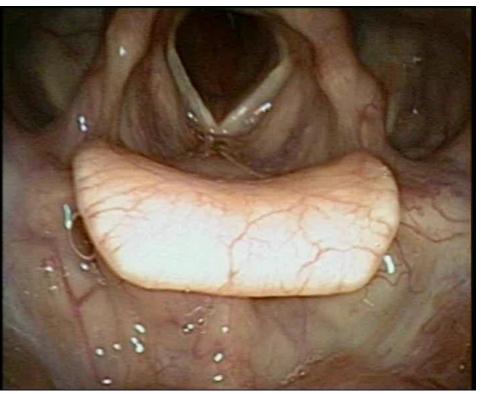
congenital or acquired narrowing of the subglottic airway Acquirred SGS:

- 95% of cases of SGS
- 90% due to long-term or prior intubation
  - duration of intubation
  - too big ETT
  - multiple intubations
  - movement of the ETT





#### Subglottic stenosis



### Surgical treatment of SGS

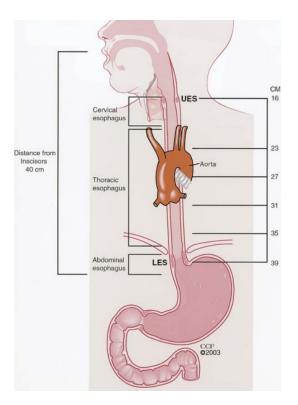
- Endoscopic
  - Dilation
  - Laser
  - Open procedure
    - Laryngotrachaoplasty
    - Tracheal resection, ETE





# **Endoscopy in ENT-OESOPHAGOSCOPY**

- Relevant anatomy
  - Muscular tube connecting the pharynx to the stomach
  - 18 to 26 cm in length
  - · Limits-
    - Upper esophageal sphincter (UES)
    - Lower esophageal sphincter (LES) 40cm from incisors
  - Extrinsic indentations
    - Anterior body of C7 (worsen by osteophytes)
    - Arch of the aorta, the left mainstem bronchus
    - Diaphragmatic hiatus







# Dysphagia

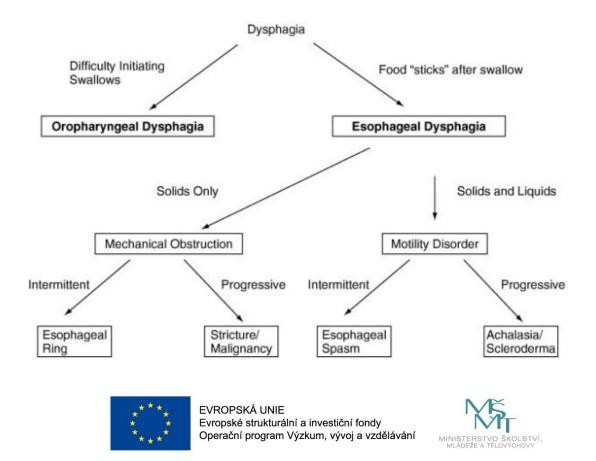
- *dys* (difficulty, disordered) +*phagia* (to eat)
- Symptoms- most patients complain that food
  - "sticks," "hangs up," "stops"
- Anatomically classified into two separate clinical categories:
  - Oropharyngeal and esophageal.
- Psychiatric disorders can amplify this symptom.
- Dysphagia is a common symptom
  - Present in 12% of patients admitted to an acute care hospital and in more than 50% of those in a chronic care facility.





### **Endoscopy in ENT-OESOPHAGOSCOPY**

### - Dysphagia- differential diagnosis



## Flexible transoral or transnasal endoscopy

- Procedure of choice
  - Outpatient-based procedure
  - Small diameters endoscopes (5-12 mm)
  - Allows the insufflation of air to distend the esophagus
  - Magnified view, suction, irrigation, and biopsy ports.
  - Requires intravenous sedation setting or local anaesthesia (transnasal flexible oesophagoscopy)
  - Not suitable for sharp foreign body removal





## **Rigid esophagoscopy**

- Used by otolaryngologists
- Requires general anesthesia
- Examine the full extent of the esophagus
- View is not magnified
- Esophagus is not distended
- Allows use of instrumentation
- Better foreign body handling





### Esophagoscopy Foreign body



#### Symptoms:

- dysphagia
- emesis
- stridor, fever
- cough aggravated by eating

#### Diagnosis:

- physical examination
- two-view radiograph
- barium swallow study to define a foreign body

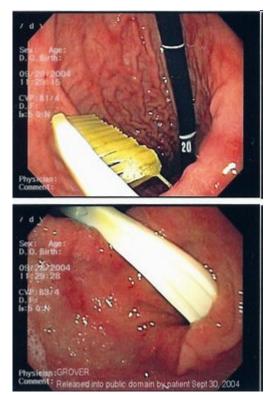
#### Radiologic signs suggestive of perforation:

- retropharyngeal air
- widening of the retropharyngeal soft tissue
- leakage of contrast
- an extraluminal foreign body





### Esophagoscopy - Foreign body removal



### Technique

- controlled removal of both blunt and sharp foreign bodies
- esophagoscopes acts as a shield for mucosa protection
- sharp objects should be sheathed or rotated so that the point trails
- sharp objects have a perforation rate of 15 to 35%!!!
- esophagus is by-passed using a nasogastric tube





# Zenker's diverticulum- definition

- most common hypopharyngeal diverticulum
- saclike protrusion of hypopharyngeal wall
- false diverticulum (only hypopharyngeal mucosa and submucosal layer)
- pulsion type diverticulum
- caused by dyscoordination of swallowing act
- annual incidence of 2 per 100,000 people per year
- male/female ratio = 2-3/1

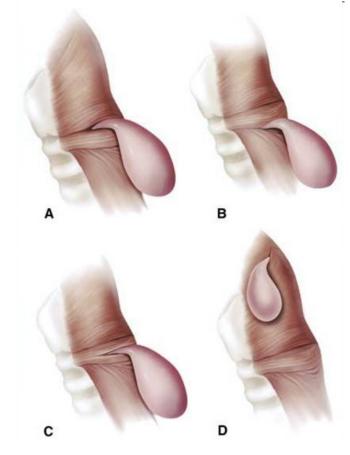


# Zenker's diverticulum- anatomy

2/3 of diverticular processes stokularin midling, 25% to left, 10% to right

### Killian´s triangle

- between the cricopharyngeal muscle and inferior constrictor muscle
- Killian-Jamieson's area
  - between the oblique and transverse fibers of the cricopharyngeal muscle
- Laimer's triangle
  - between the cricopharyngeal muscle and the most superior esophageal wall circular muscles



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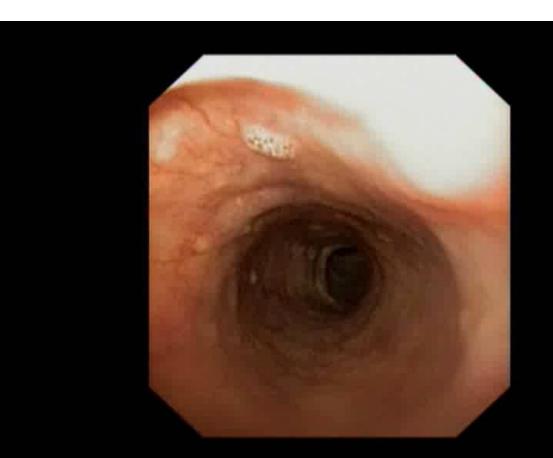


- Outpouching is a secondary consequence of chronic elevation of intraesophageal pressure
- Real cause not known many circumstances predispose to herniation within Killian's triangle
  - Discoordination of esophageal motility
  - Esophageal shortening
  - Cricopharyngeal muscle dysfunction



# Zenker's diverticulum-symptomatology

- dysphagia
- food regurgitation
- choking during swallow
- frequent throat clearing
- significant wight loss





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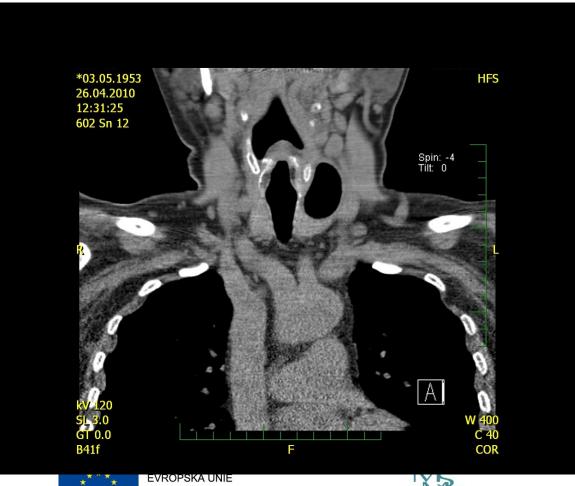








• Imaging studies

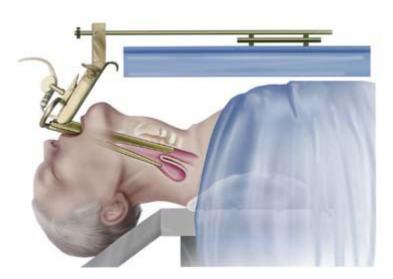


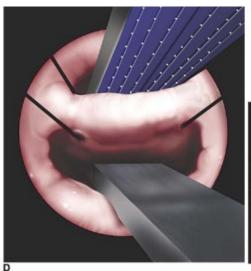


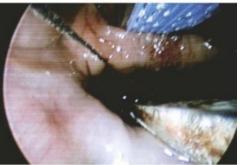
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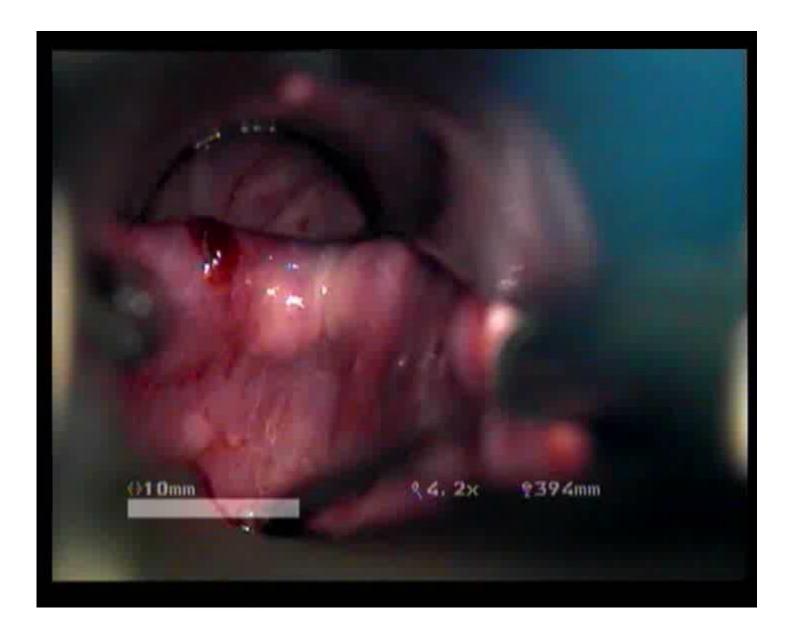






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## Zenker's diverticulum- treatment

**External** approach diverticulectomy

- Major morbidity, external scar
- Higher complication rate (n. lar. rec. palsy, mediastinitis, fistula formation, esophageal stenosis)
- Higher risk of revisional surgery
- Time consuming
- Longer hospital stay

Laser-assisted diverticulotomy

- No scar
- Lower compliaction rate
- Lower risk of revisional surgery
- Shorter surgical time ۲
- Shorter hospital stay

Chang C.W. et al.: Laryngoscope 2004, Helmstaedter V et al. ORL 2009, Ambrosch: Alser endoscopic Surgery



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Endoscopic diverticulotomy (CO2 laser, electrocautery, stapler)
Treatment of choice

## External approach diverticulectomy

- when endoscopy is not feasible
- very small diverticulum (less than 1 cm)
- too large diverticulum (more than 4 cm)?
- recurrent pathology ?

Chang C.W. et al.: Laryngoscope endoscopic Surgery



### Děkuji za Vaši pozornost.



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