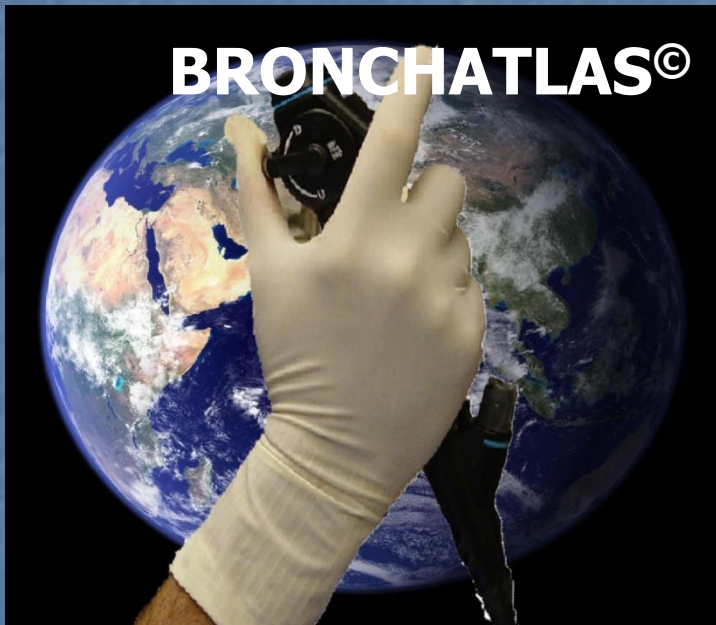


# Part 2A Normal Anatomy

## Upper airway and Larynx

Series of Web-based Bronchoscopic Images

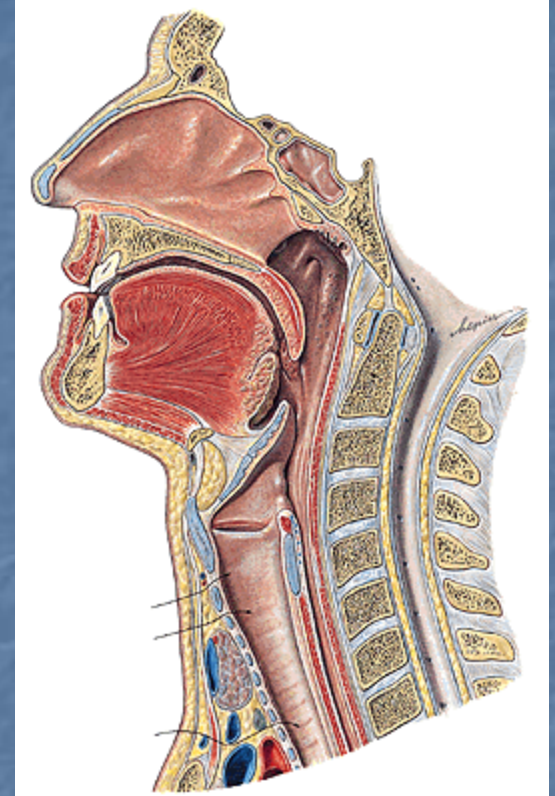


Prepared By  
Bronchoscopy International

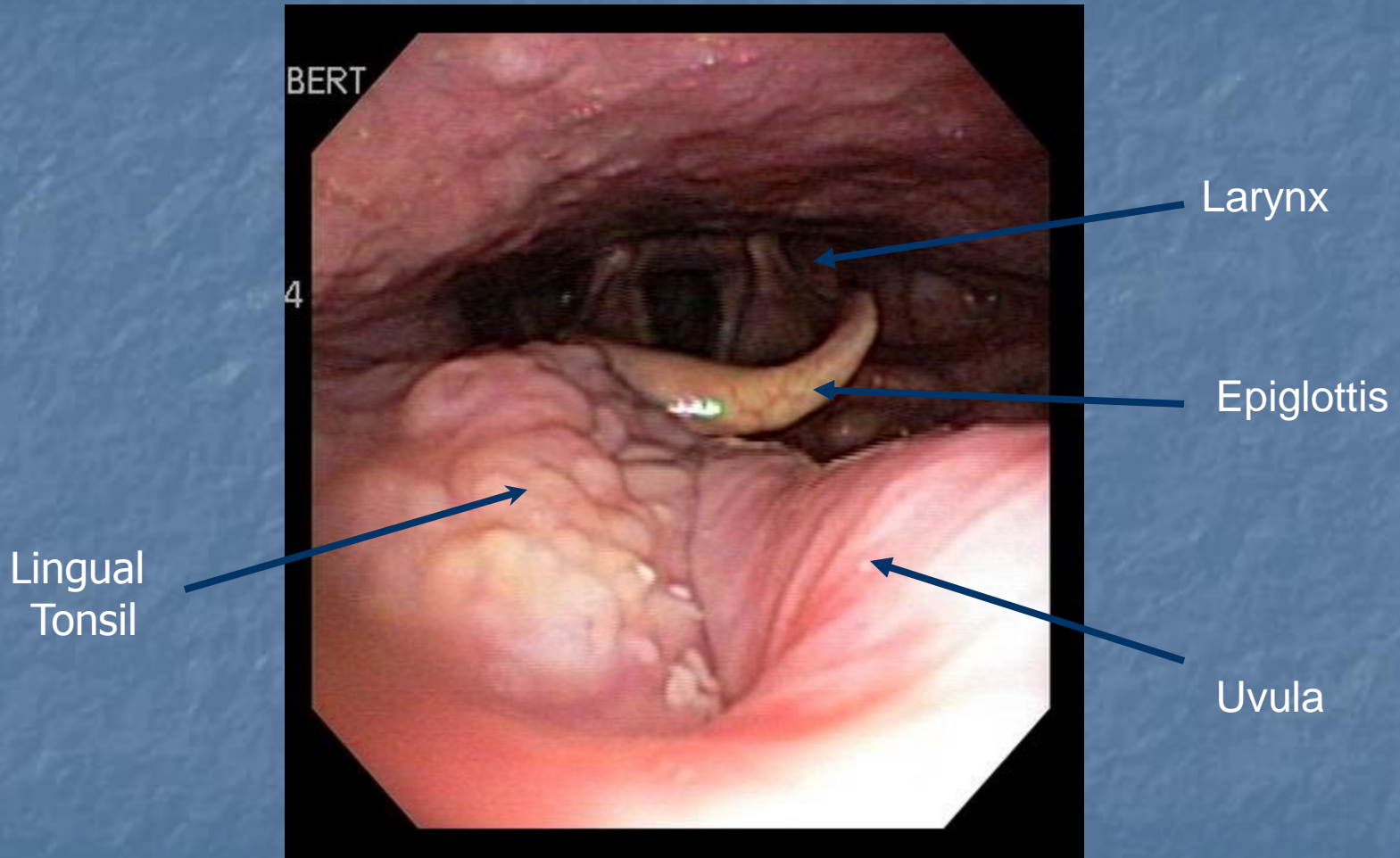
Contact us at  
[BI@bronchoscopy.org](mailto:BI@bronchoscopy.org)

# The Upper Airway

- The upper airway starts :
  - At the nostrils, extends through the nasal conchae to the nasopharynx, over the uvula to the hypopharynx and larynx, or,
  - At the lips, extends through the oral cavity, over the tongue and below the hard and soft palates, to the hypopharynx and larynx.



# Upper Airway: From Pharynx to Larynx



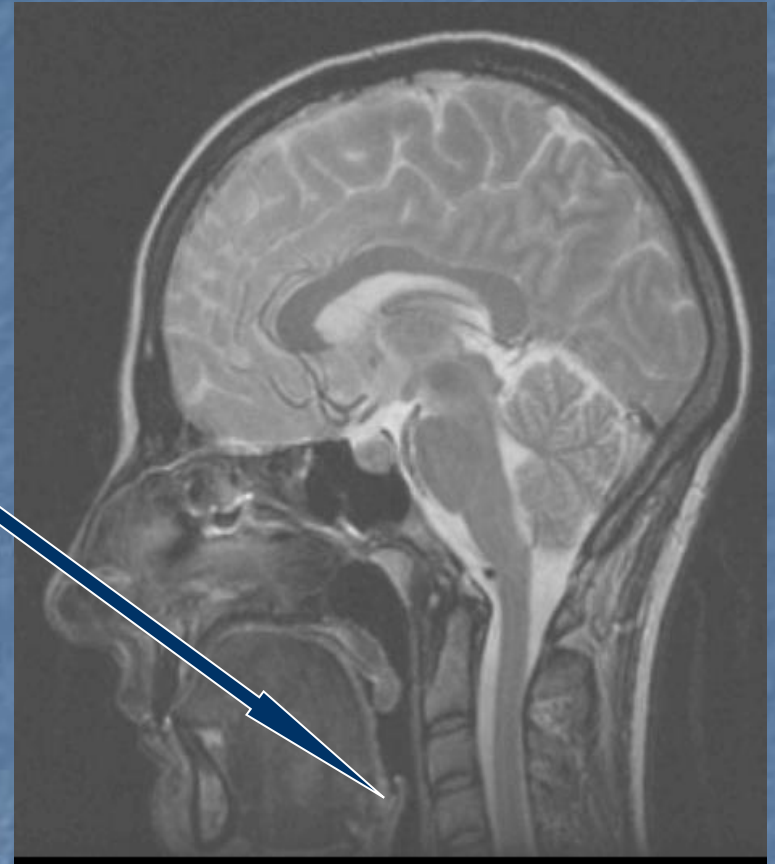
Midline guidance:

“The uvula points to the epiglottis, the epiglottis leads into the larynx”.



# The Larynx

- The larynx is a 5-7 cm long structure.
  - Its upper boundary starts at the tip of the epiglottis, opposite the 3rd to 4th, cervical vertebra.
- Its lower end is at the lower border of the cricoid cartilage.
  - This lies opposite the 6th cervical vertebra.

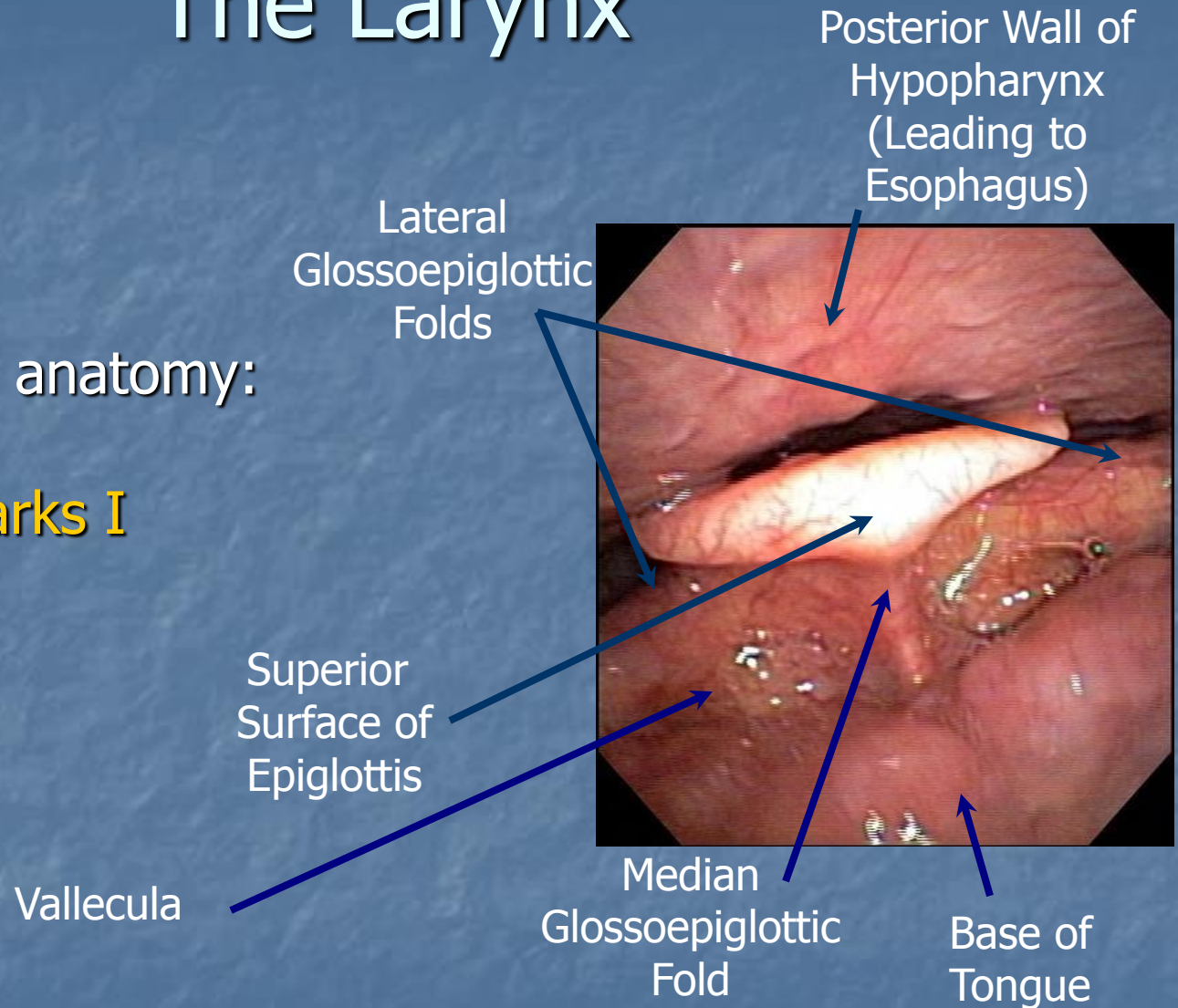


[www.phon.ox.ac.uk](http://www.phon.ox.ac.uk)

# The Larynx

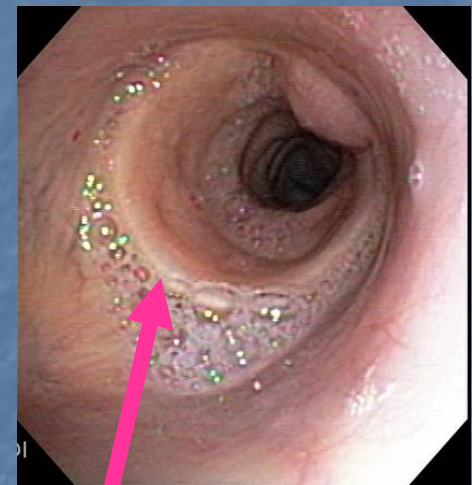
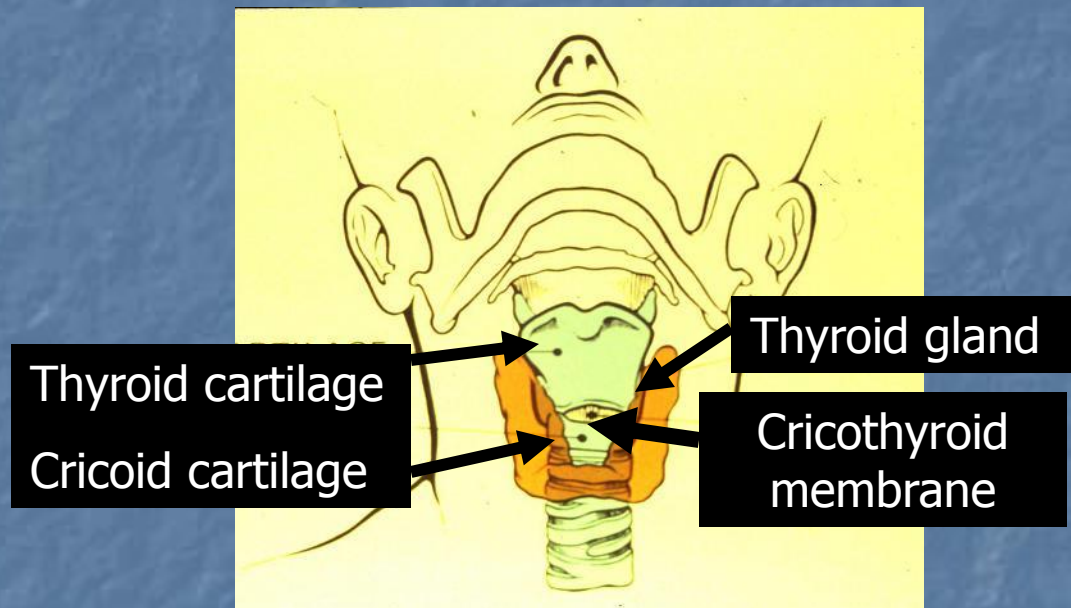
Superior surface anatomy:

## Major Landmarks I



<http://www.nyee.edu/top#top>

# The Cricoid cartilage



Cricoid Cartilage



# Time Out! ... Why is it so important to recognize the surface anatomy?

- As a bronchoscopist, we are responsible to report any nasal, oral, pharyngeal or laryngeal pathology that we observe en-route to the lungs.
- We only know that we are correctly positioned and in the midline, when we know *exactly where we are*.
- During a difficult intubation, either with a bronchoscope or a rigid laryngoscope, knowledge of surface anatomy ensures timely intubation and saves a life.
- In a variety of conditions, such as GERD, changes in laryngeal anatomy and structures, are the best clues to pulmonary pathology.

Shall we continue?

# The Larynx

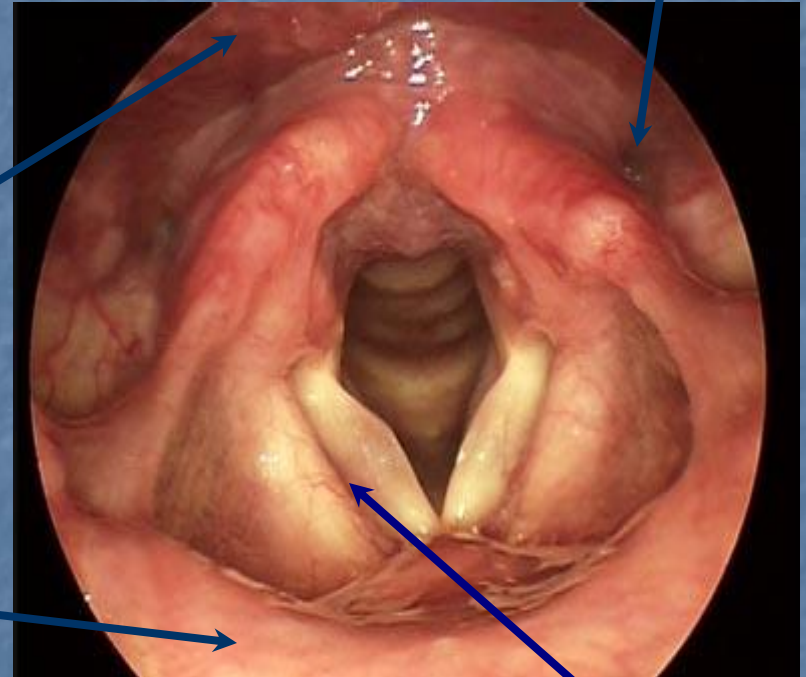
Superior surface anatomy:

## Major Landmarks - II

Posterior Wall of  
Hypopharynx  
(Leading to  
Esophagus)

Laryngeal  
Surface of  
Epiglottis

Pyriform  
Sinus



Ventricle

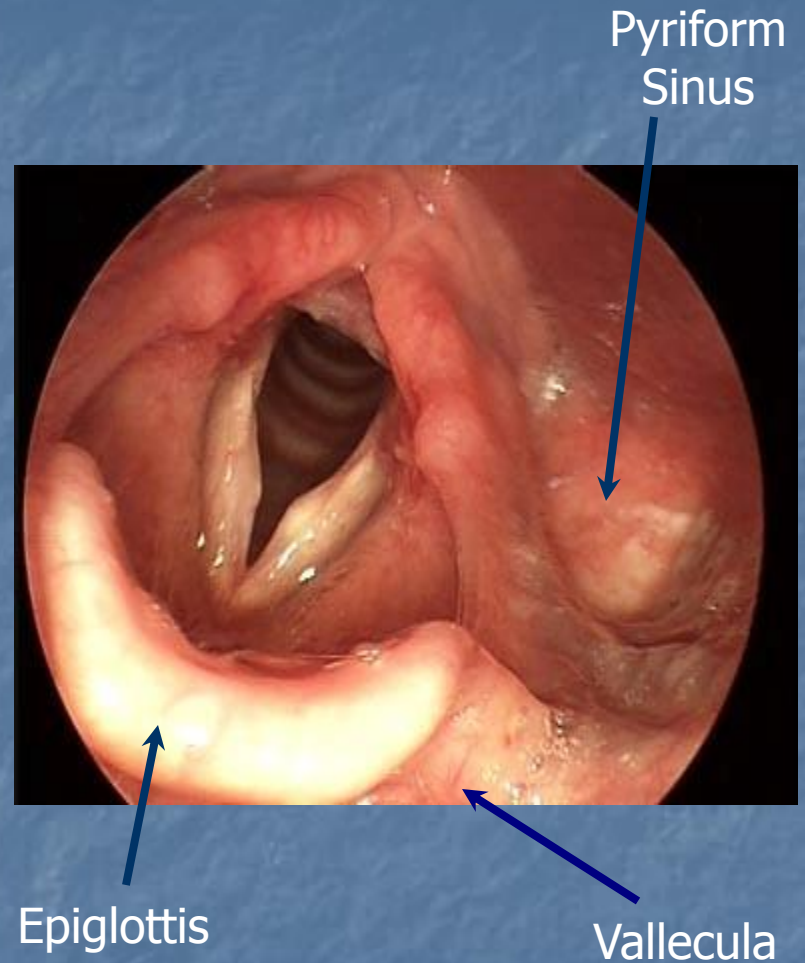
<http://www.nyee.edu/top#top>



# The Larynx

Superior surface anatomy:

Major Landmarks - III

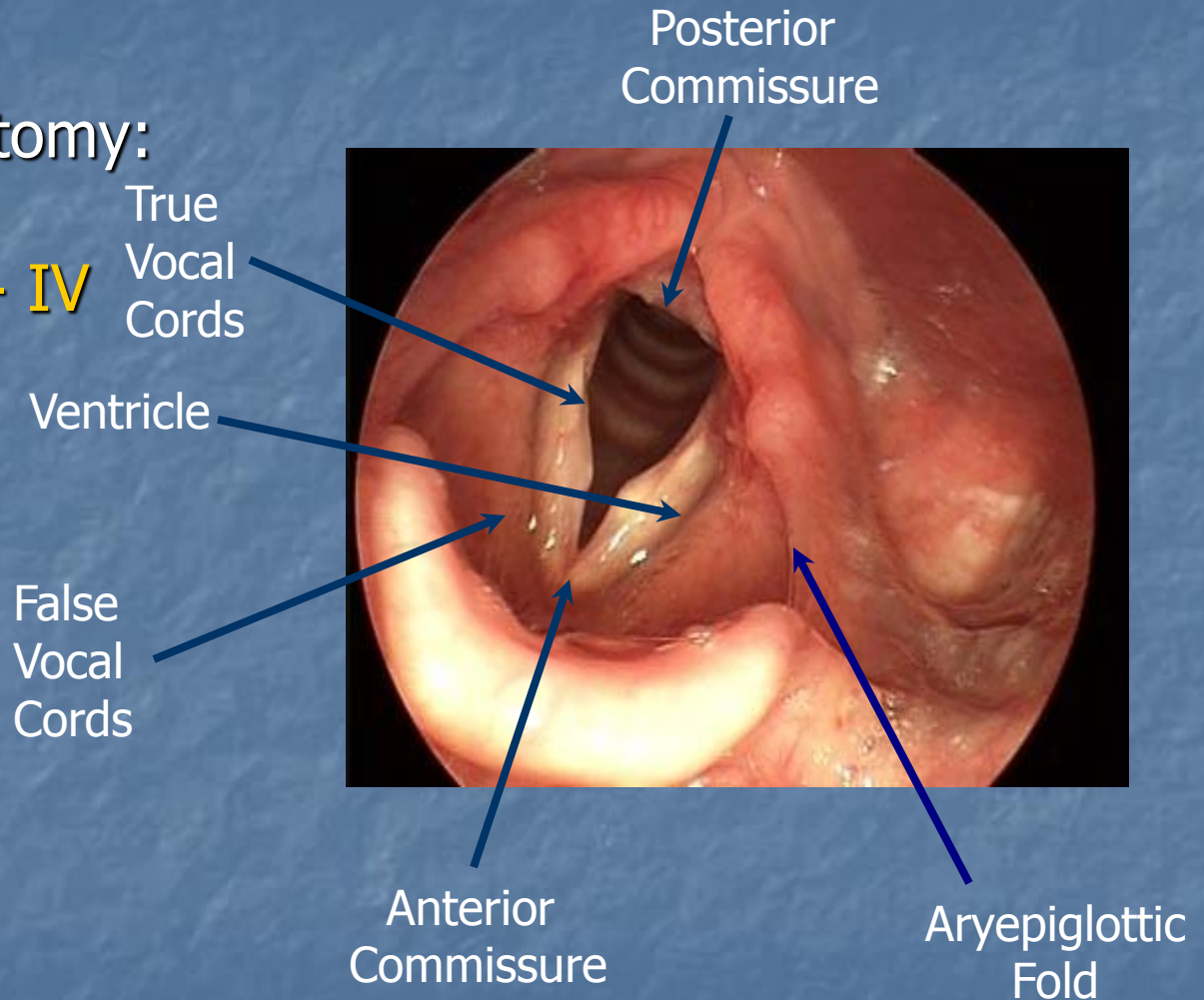


<http://www.nyee.edu/top#top>

# The Larynx

Superior surface anatomy:

## Major Landmarks - IV



<http://www.nyee.edu/top#top>

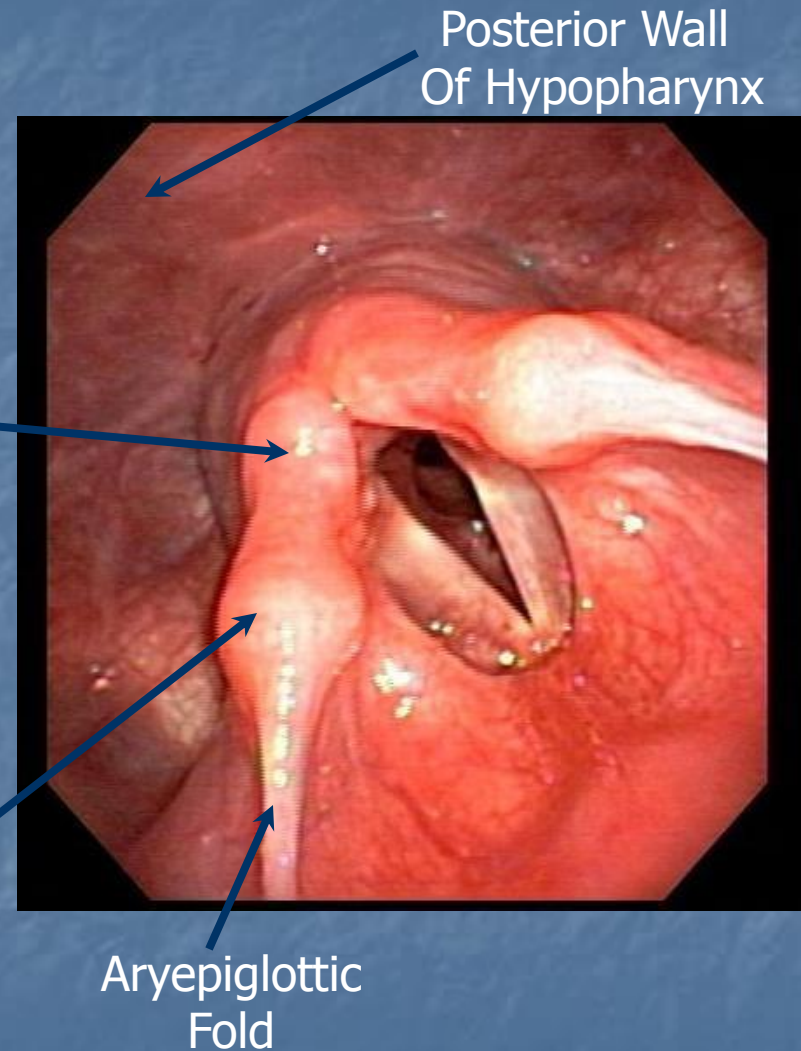
# The Larynx

Superior surface anatomy:

## Major Landmarks - V

Corniculate  
Tubercle on  
Arytenoid  
Cartilage

Cuneiform  
Tubercle

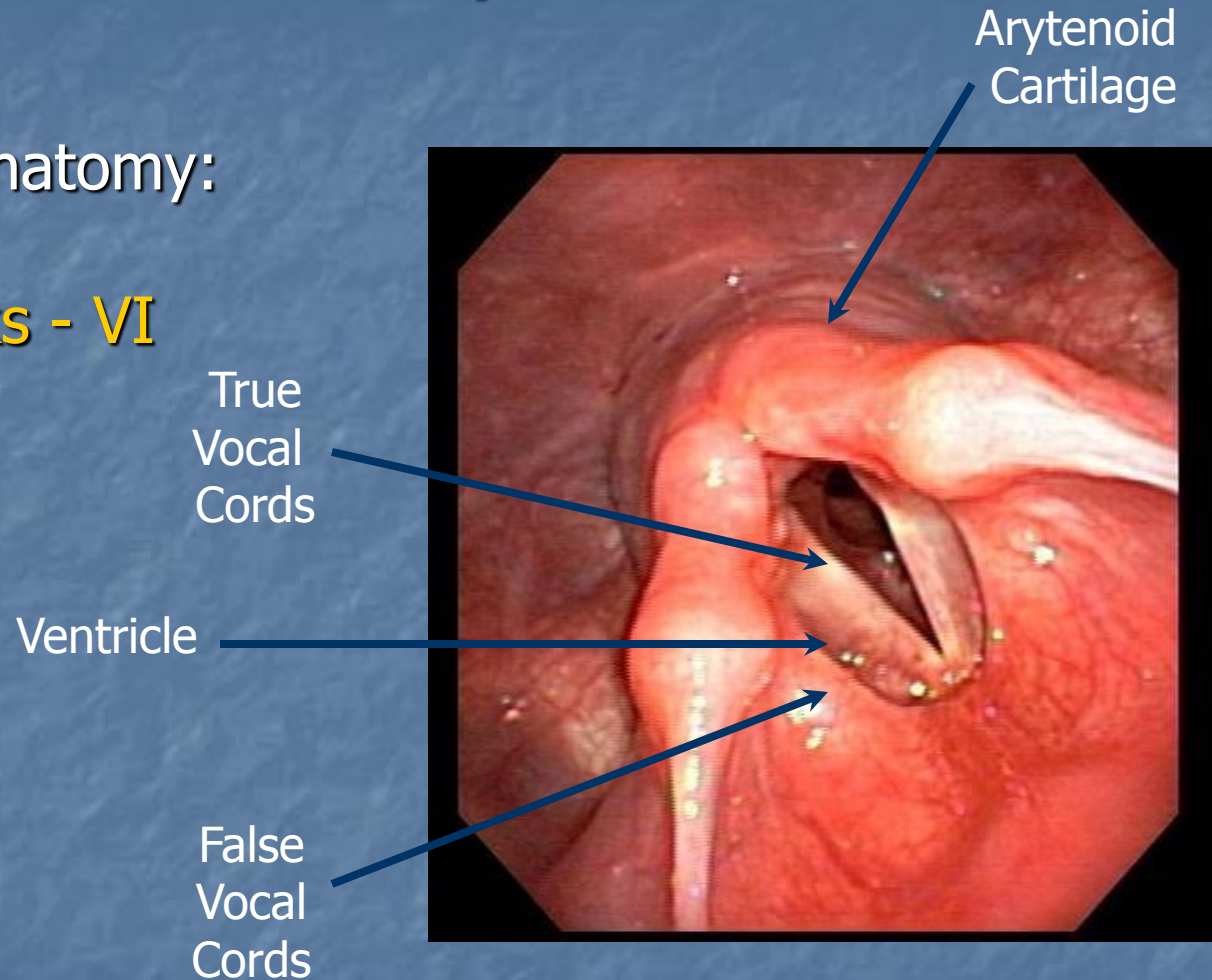




# The Larynx

Superior surface anatomy:

## Major Landmarks - VI



# The Larynx

Superior surface anatomy:

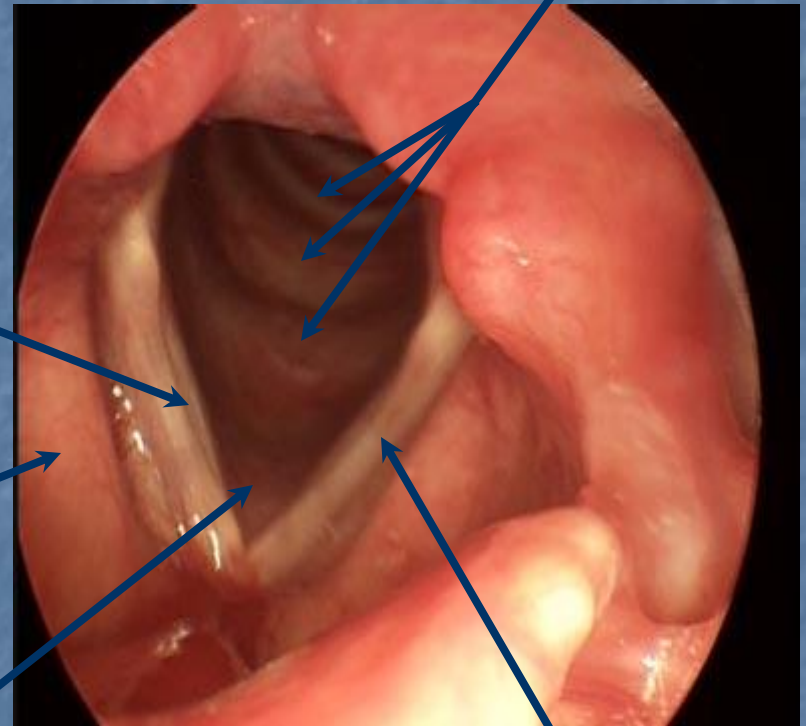
Major Landmarks  
to look for - VII

Vocal Cord  
Sulcus (on  
True Vocal  
Cords)

False  
Vocal  
Cords

Cricoid  
Ring

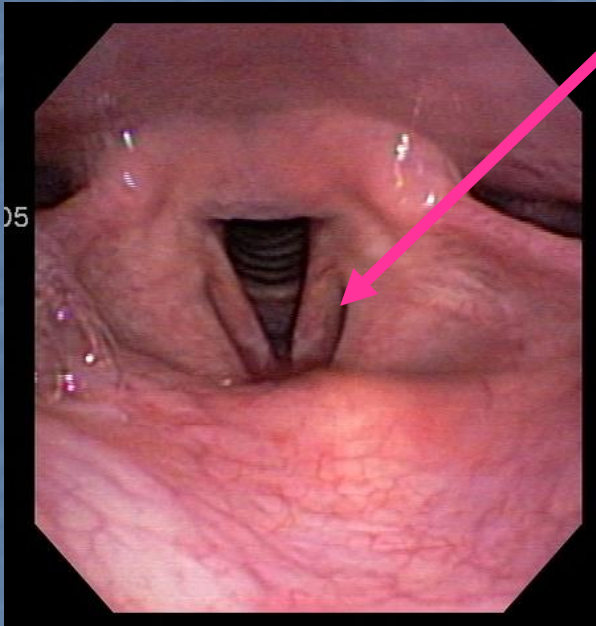
Cartilaginous  
Rings of  
Trachea



True  
Vocal  
Cords



# This is the..



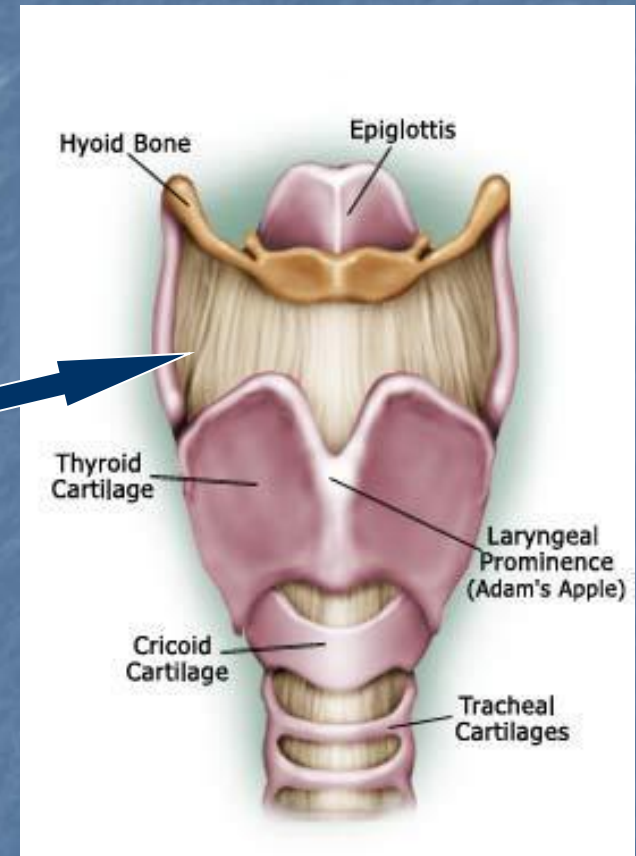
- A. The epiglottis
- B. The ventricle
- C. The arytenoid cartilage
- D. The true vocal cord
- E. The false vocal cord

Click for correct answer: **B**



# The Larynx: Anatomy

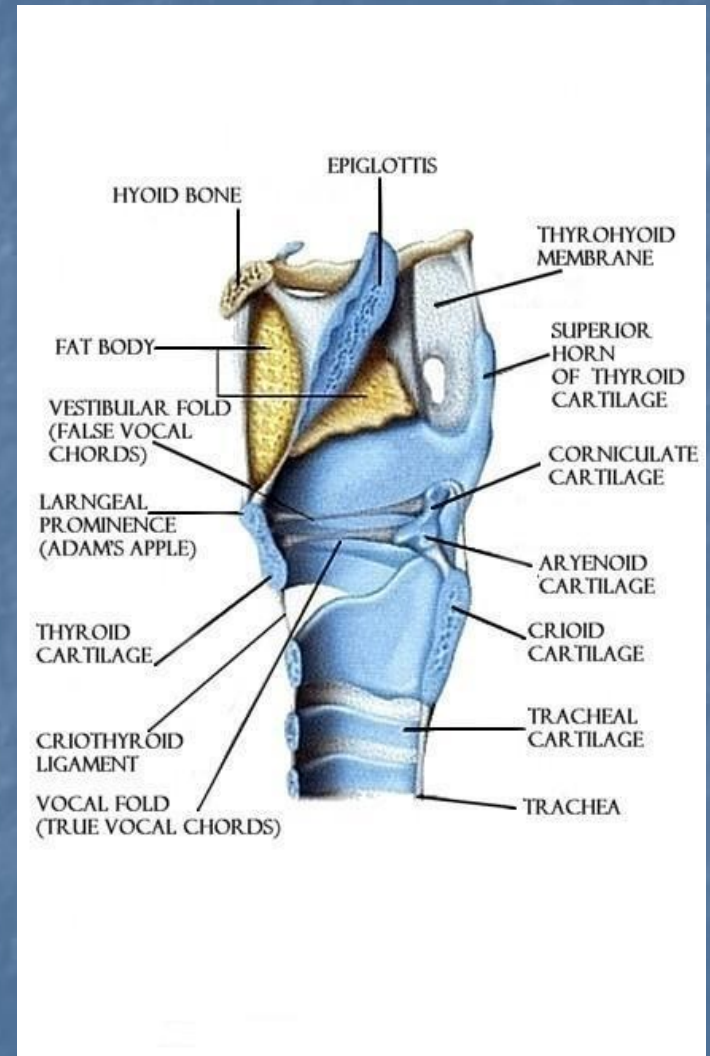
- The structural rigidity of the larynx is provided by the three median cartilages:
  - The epiglottis
  - Thyroid cartilage
  - Cricoid cartilage ,along with the hyoid bone.
- The thyrohyoid membrane forms a C-shaped barrier around the anterior and lateral walls of the supraglottis, and inferiorly becomes confluent with the connective tissue in the perichondrium of the tracheal cartilaginous rings.



[www.throat-cancer-symptoms.com/](http://www.throat-cancer-symptoms.com/)

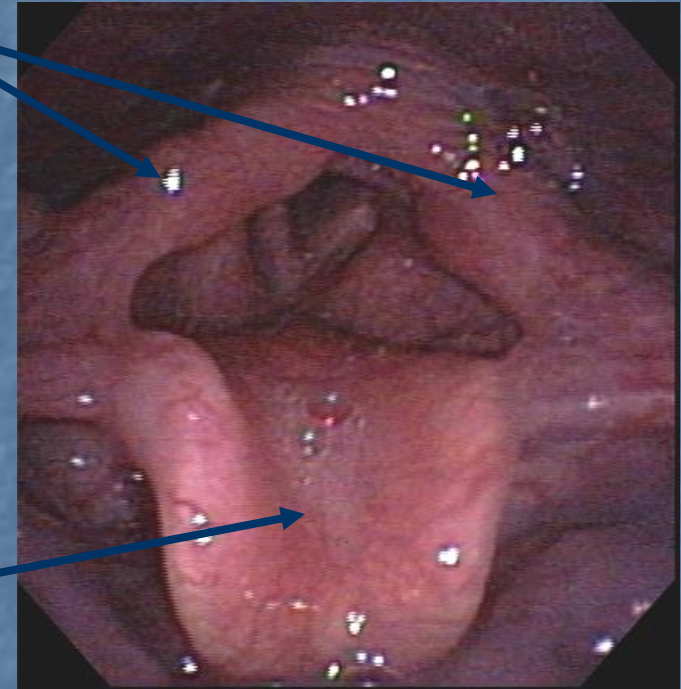
# The Larynx: Anatomy

- The six smaller cartilages of the larynx ( 3 pairs) are functionally involved with the movements of the vocal cords. These are:
  - The arytenoids
  - The corniculates
  - The cuneiforms
- The **arytenoid** cartilages are pyramid-shaped and articulate with the superior margin of the cricoid lamina. On their summit, are the **corniculate** cartilages; on their anterior aspect, the **cuneiform** cartilages



# The Larynx: Anatomy

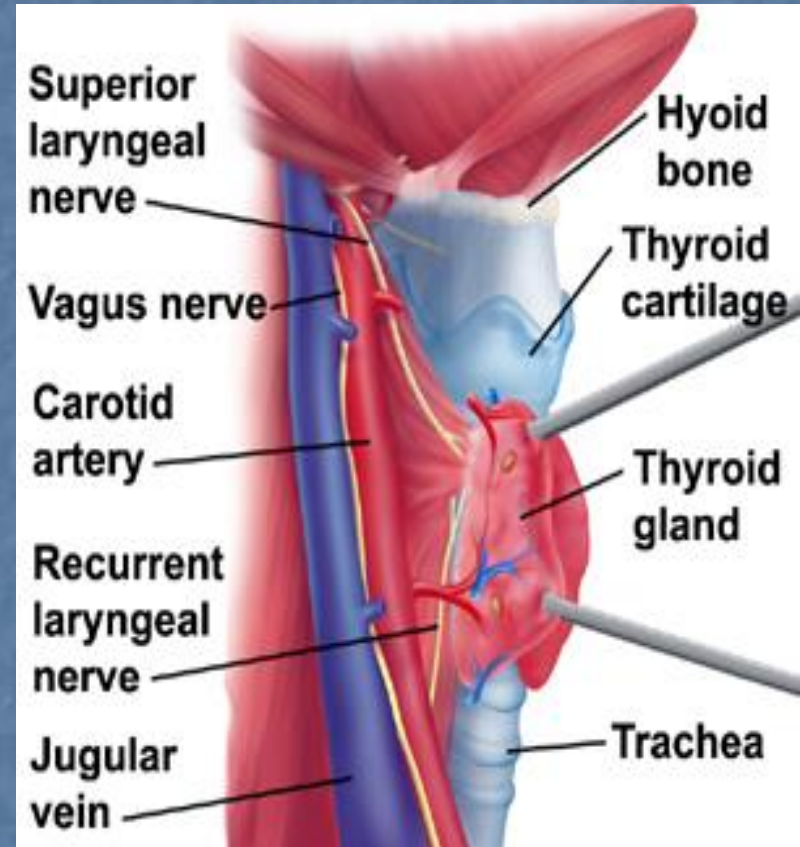
- The **vocal ligaments**, are attached posteriorly to the apex of the arytenoids and corniculates. The cuneiforms extend laterally, between the layers of the vocal cords, from the anterior aspect of the arytenocorniculate complex.
- The **epiglottis** is attached to the base of the tongue by a median and two lateral glossoepiglottic folds.





# The Larynx: Critical Structures

- The Larynx neighbors major critical structures:
  - Carotid arteries and jugular veins, and the vagus nerve
  - Superior and inferior thyroid arteries
  - Superior and recurrent laryngeal nerves



# The Larynx: Topical Anesthesia

Bilateral nasal administration of anesthetic provides partial posterior pharyngeal anesthesia by affecting the Sphenopalatine nerve fibers, thus diminishing the gag reflex.



Ask patient to inhale deeply through nostril

# The Larynx: Topical Anesthesia

Topical anesthetic usually affects the superior laryngeal nerve and blocks sensory innervation to the base of the tongue epiglottis, pyriform fossa, and valleculae.

[Click here to view video presentation](#)

Click to continue





# The Larynx: Topical Anesthesia

The topical instillation of Lidocaine with the “Spray as you go” method numbs the submucosal plexus of the larynx, derived from the external and internal branches of the superior laryngeal nerve.

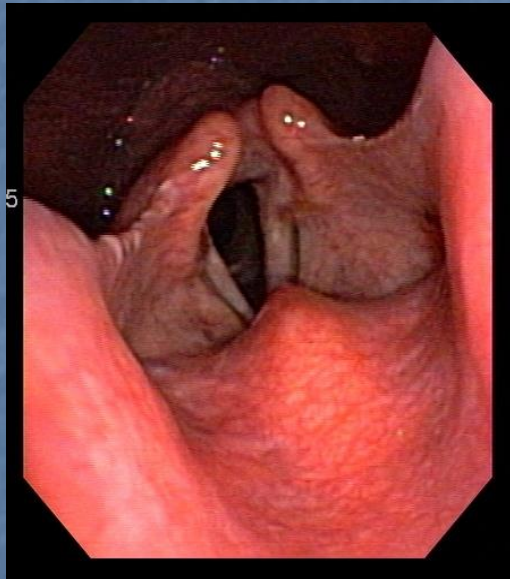
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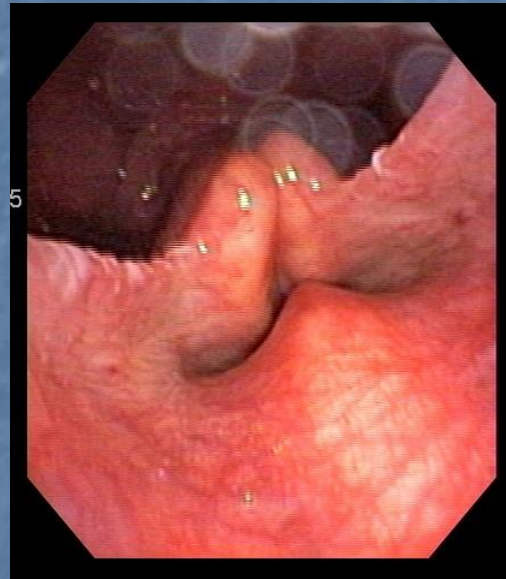


# Laryngeal function: Airway Protection

The glottis: open for inspiration and closed for swallowing



Open



Closed

# Laryngeal function: Phonation

The vocal cords: Adducted for phonation; abducted for inspiration



Adducted: Talking



Abducted: Breathing

[www.voice.northwestern.edu](http://www.voice.northwestern.edu)



# Laryngeal function: Phonation

[Click here to view video presentation](#)

The vocal cords  
open and close  
while talking

Click to continue





Which of the following defends against aspiration?

- A. The epiglottis
- B. The false cords
- C. The true cords
- D. The ventricle
- E. All of the above

Click for correct answer: **E**

This presentation is part of a comprehensive curriculum for Flexible Bronchoscopy. Our goals are to help health care workers become better at what they do, and to decrease the burden of procedure-related training on patients.



## The Essential Bronchoscopist



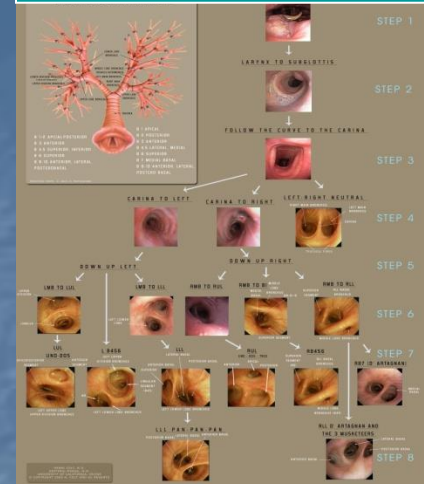
MODULE 1

# A new curriculum

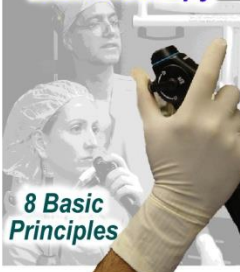
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5. Learning the art of Bronchoscopy.

## Step by Step©



## The Art of Bronchoscopy



8 Basic Principles

1. The bronchoscope wants to do the bronchoscopy
2. Stay in the midline (Get off the wall).
3. Moderation in everything; slow down, think, act.
4. If you don't know where you are you probably shouldn't be there
5. Force is wrong. Return to what you know; then move on and grow.
6. Slow down to finish faster.
7. Treasure basic values: peace, harmony and kindness
8. You and the bronchoscope are one

DEMOCRATIZATION AND  
GLOBALIZATION OF KNOWLEDGE

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Thank you