

4A: Abnormalities of the Upper Airway



Prepared By
Bronchoscopy International

Contact us at
BI@bronchoscopy.org

Bronchoscopy reports: The Upper Airway

The bronchoscopy report should tell a story that everyone can read and understand the same way.

Morphology: Caliber, patency, shape, normal variants

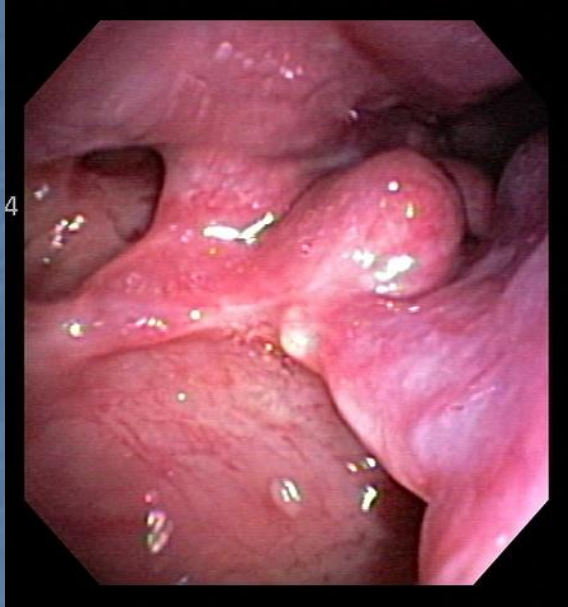
Appearance: Normal, abnormal

Mucosa: Normal, color, edematous, friable

Abnormalities: Location, type, extent, associated malacia or collapse, redundant tissue, laryngeal and pharyngeal function

Secretions: Abundance, location, type, color

Upper airway abnormalities

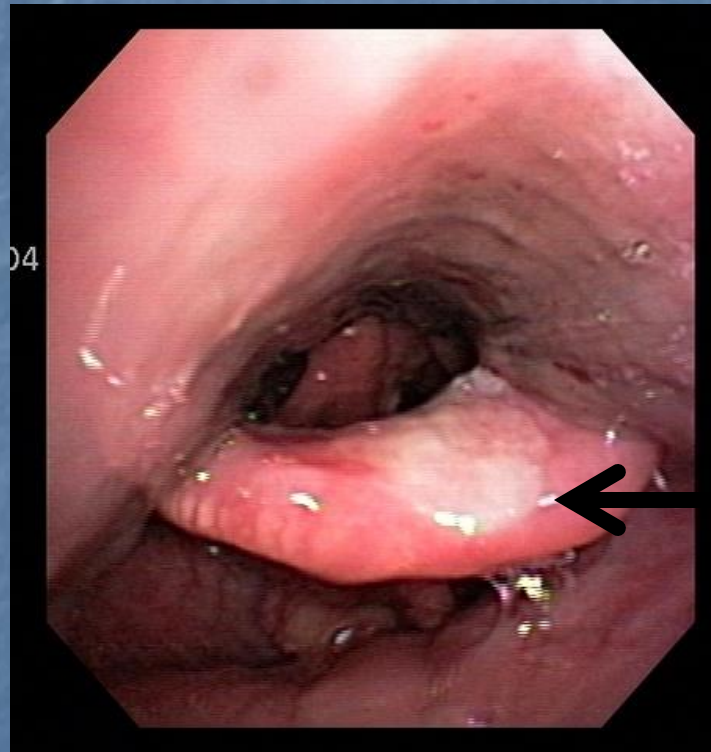


Perforated nasal septum



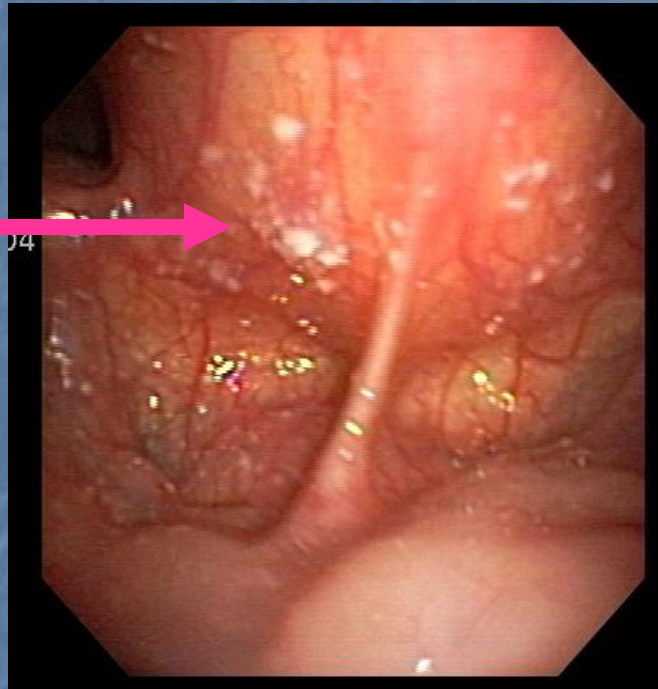
Nodule on epiglottis

Ulcer on epiglottitis

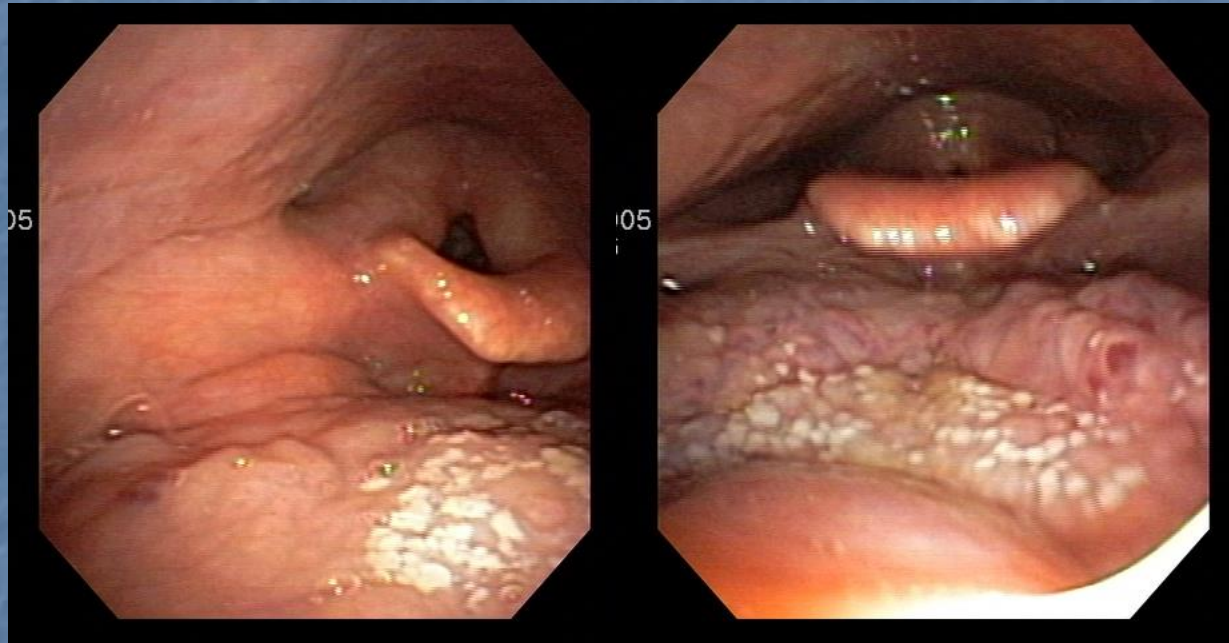


Candida infection

Thrush on anterior
surface of epiglottis



Candida Infection



Oral Candidiasis

Oral Candidiasis



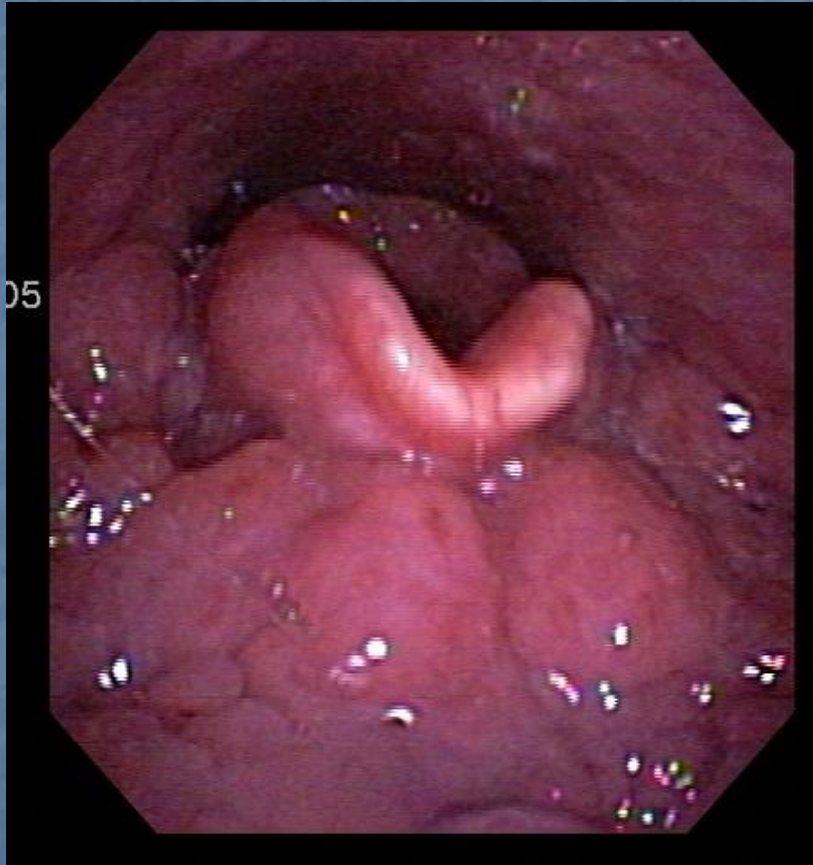
Candida infection
below uvula in
patient using inhaled
corticosteroids

Severe Laryngeal Candidiasis



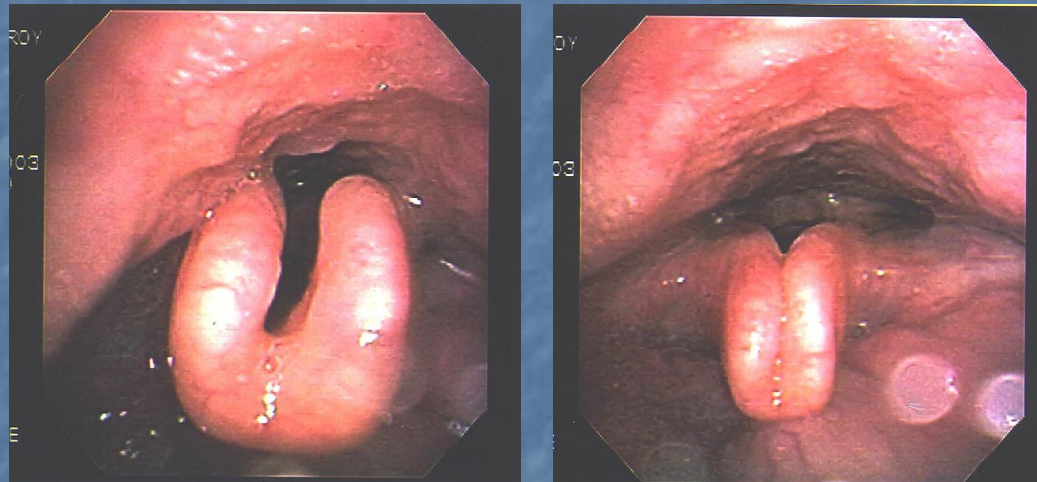
Immunocompromised
patient

Redundant tissue and large, swollen epiglottis



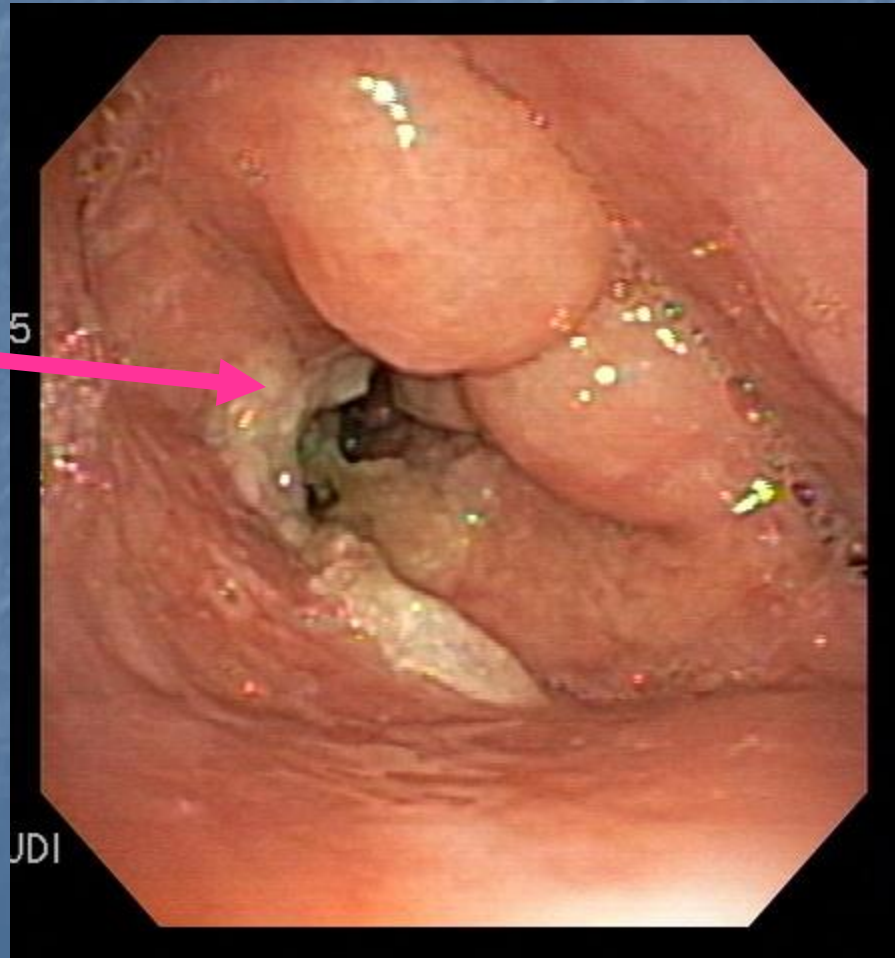
Patient with obstructive sleep apnea

Folded epiglottitis

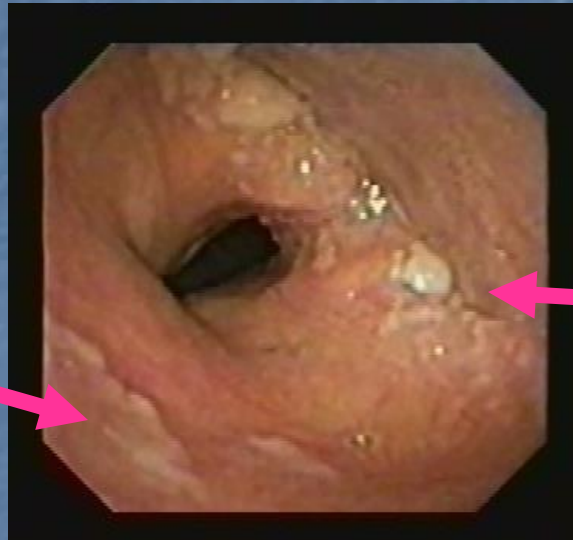


Laryngeal cancer

Laryngeal cancer
with necrosis



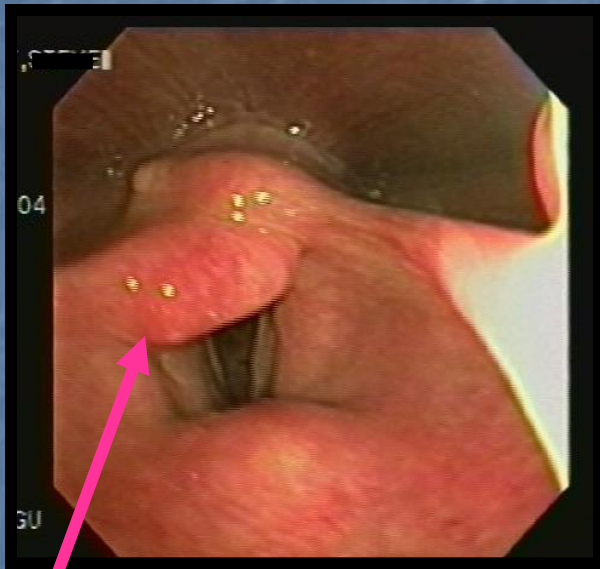
Radiation burns of larynx



Necrotic material

Burns

Posterior laryngeal abnormalities

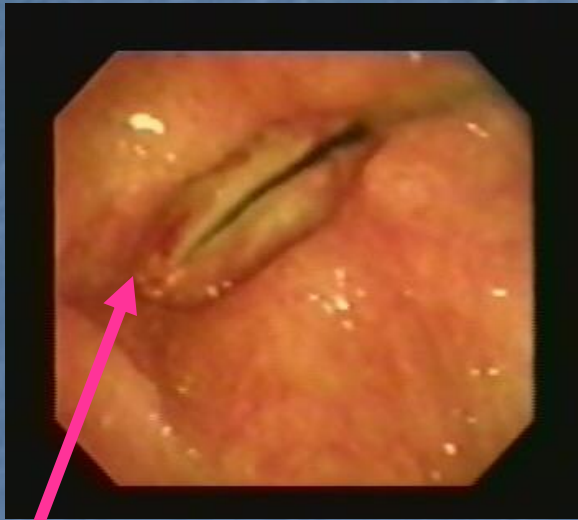


Luxation of Right arytenoid

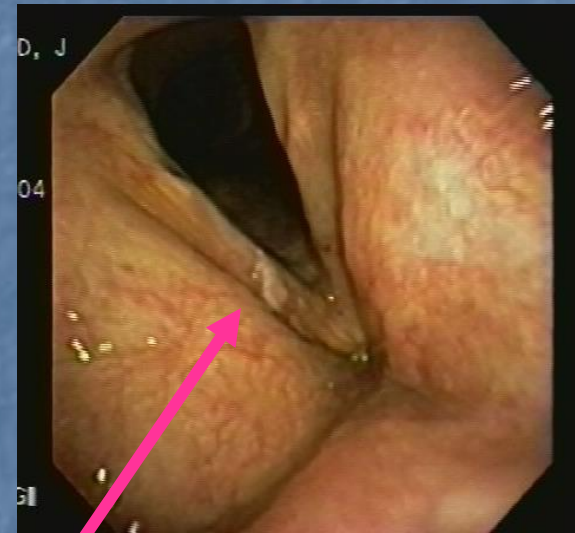


Swollen Right arytenoid

Anterior Laryngeal abnormalities

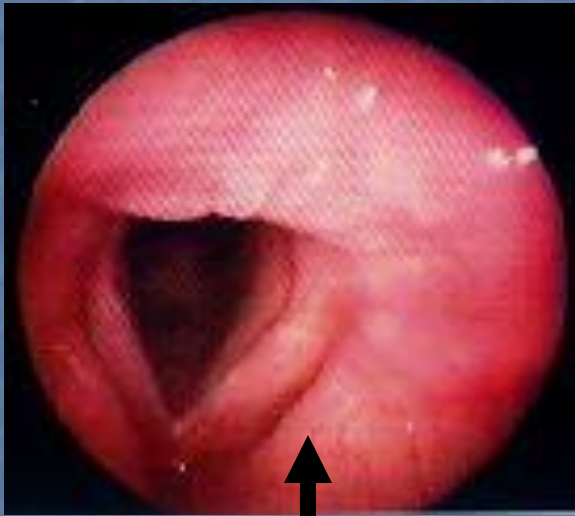


Ecchymosis Right vocal cord



Leukoplakia Right vocal cord

Laryngeal abnormalities

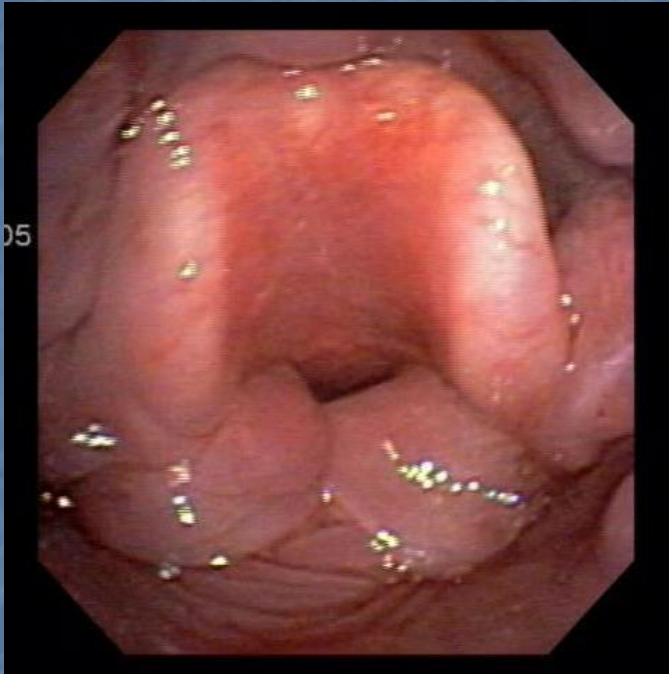


Changes from
aspiration and reflux

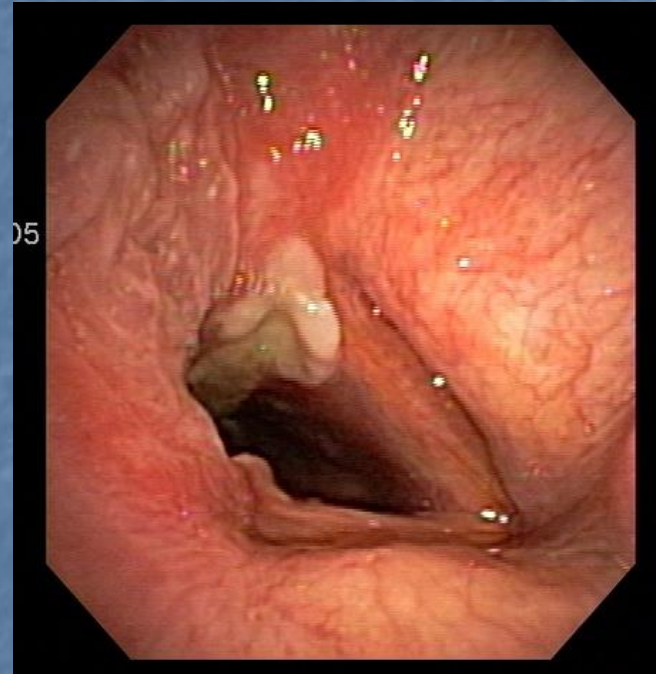


Candida laryngitis

Laryngeal injury from traumatic intubation

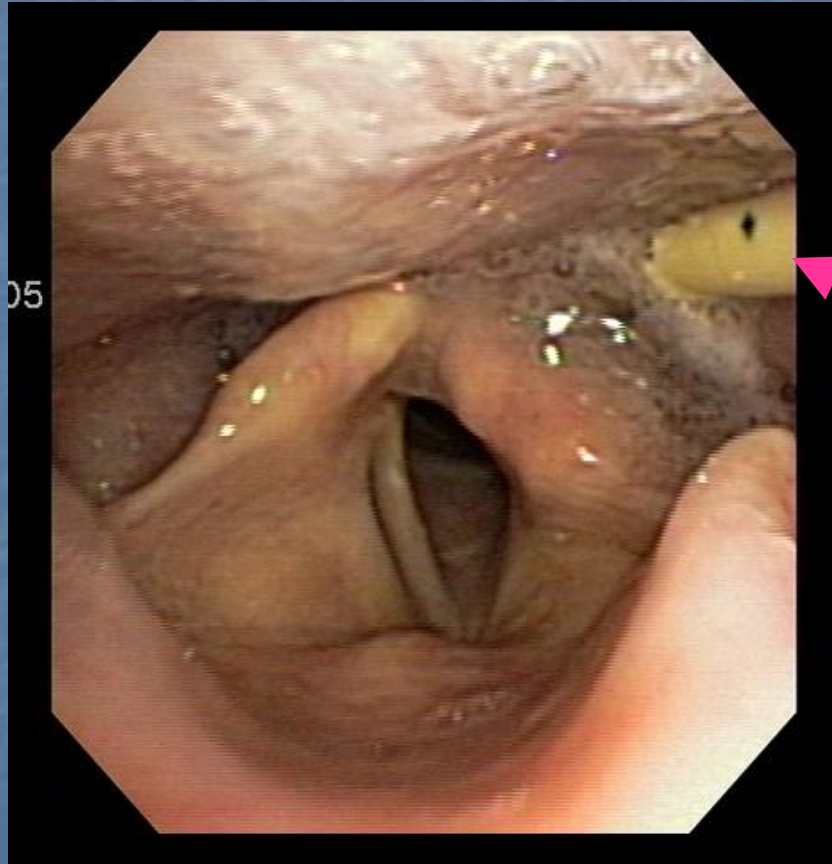


Swollen epiglottis and arytenoids



Ulceration Left vocal cord

Feeding Tube at Larynx

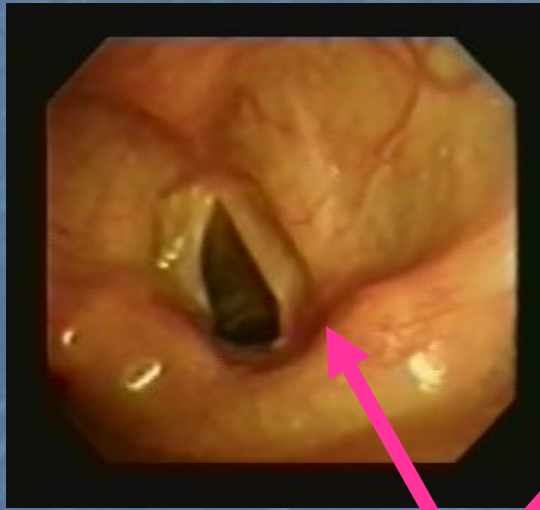


Feeding tube

Vocal cord abnormalities



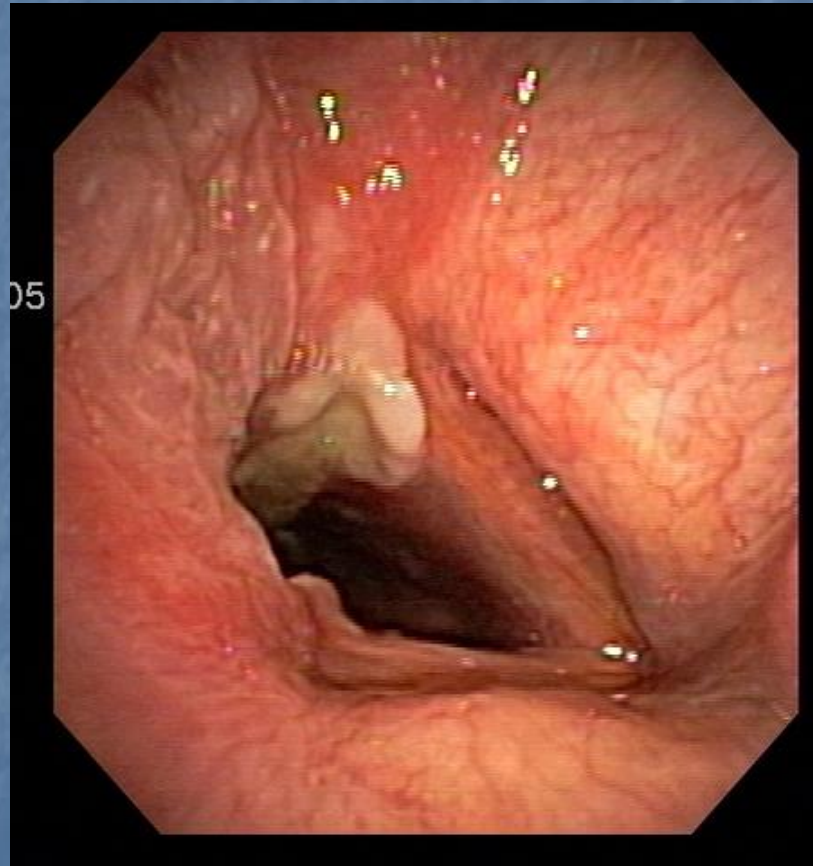
Paralyzed Right vocal cord
Note thickening on right



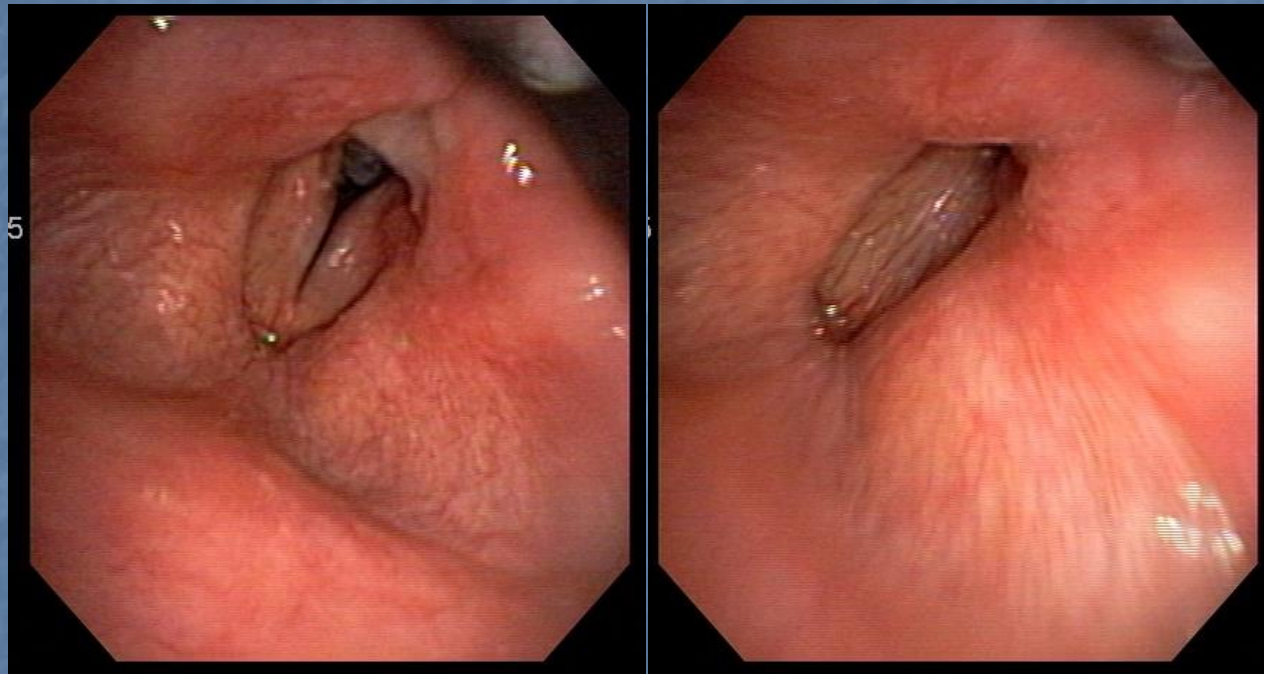
Paralyzed Left vocal cord
Does not move with phonation



Contact Ulcer Left Cord



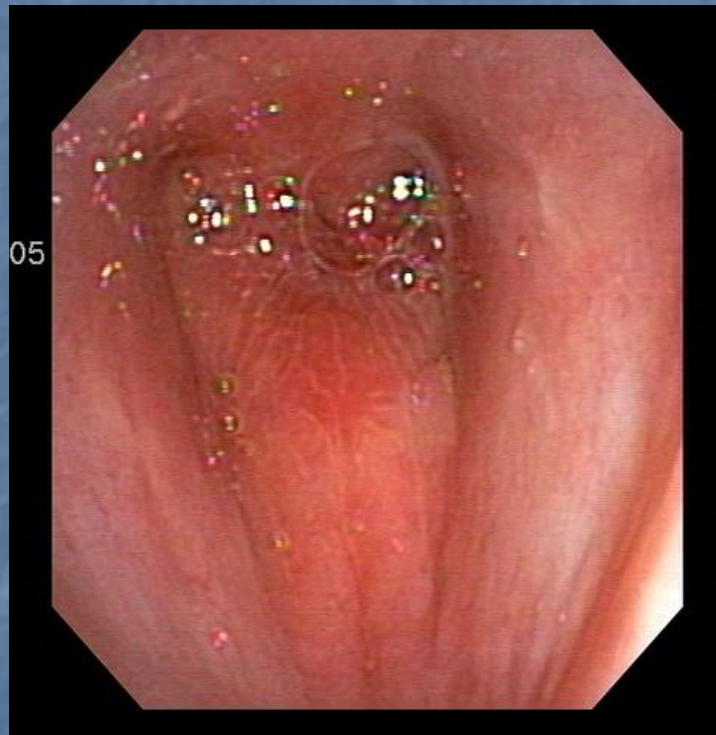
Acute laryngospasm



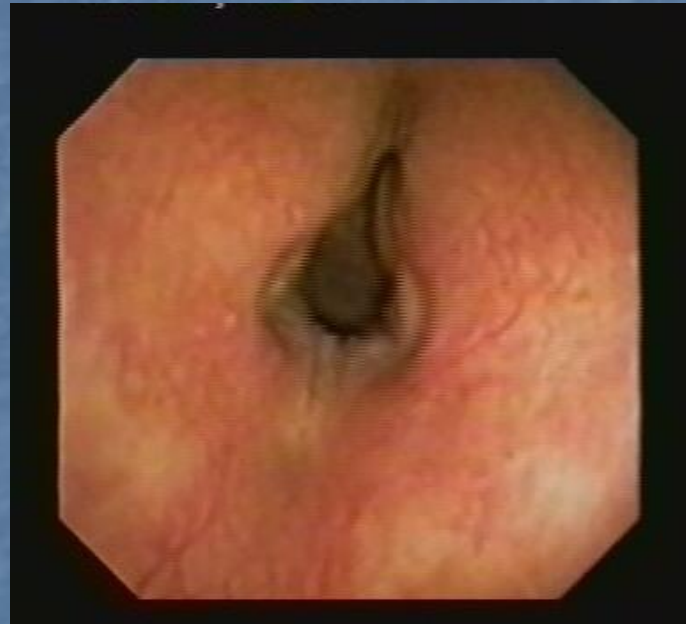
Cords closed in Adduction

Acute spasm

No Airway below vocal cords



Vocal cords seen from below

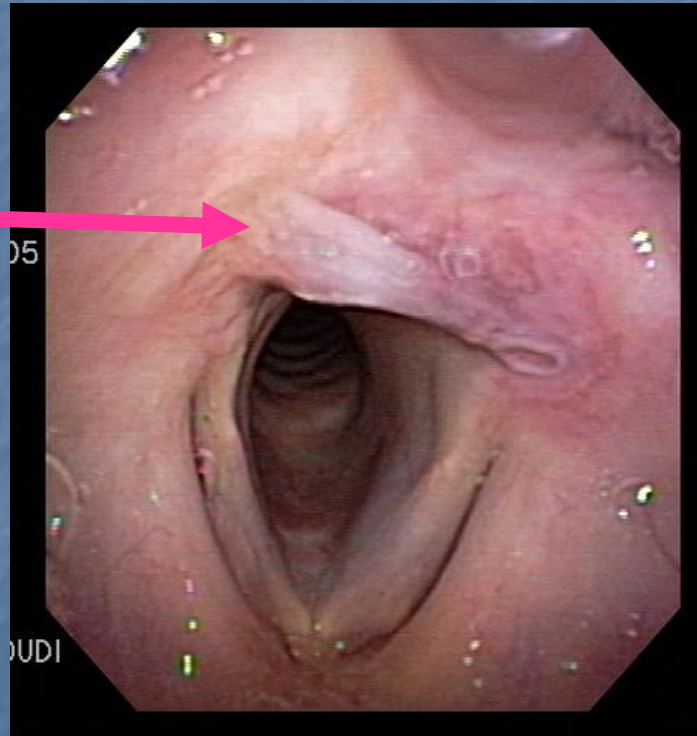


Intubation Trauma Post Wall Subglottis



Horizontal laryngeal adhesion secondary to traumatic intubation

Adhesion lies across
posterior commissure



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



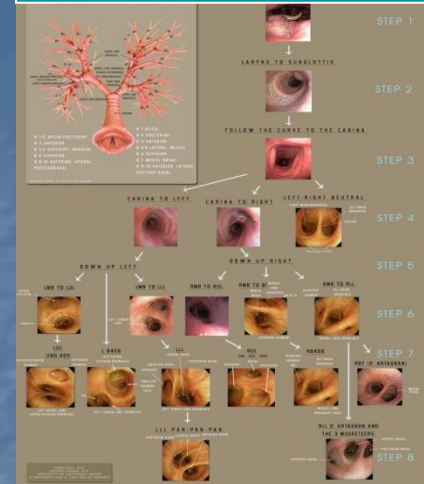
MODULE 1

A new curriculum

Assured competency and proficiency

1. Web-based Self-learning study guide.
2. Computer-based simulations, didactic lectures, and image encyclopedia.
3. Bronchoscopy step-by-step©: Practical exercises, skills and tasks, competency testing.
4. Guided apprenticeship.
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