

# Head & Neck Surgery



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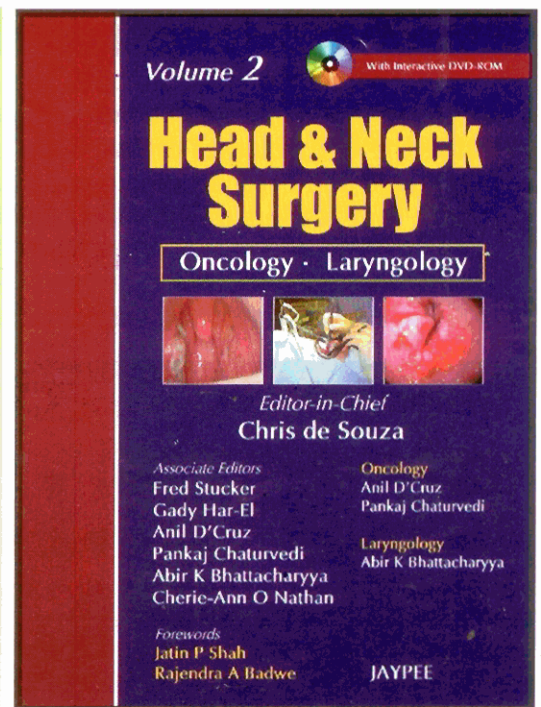
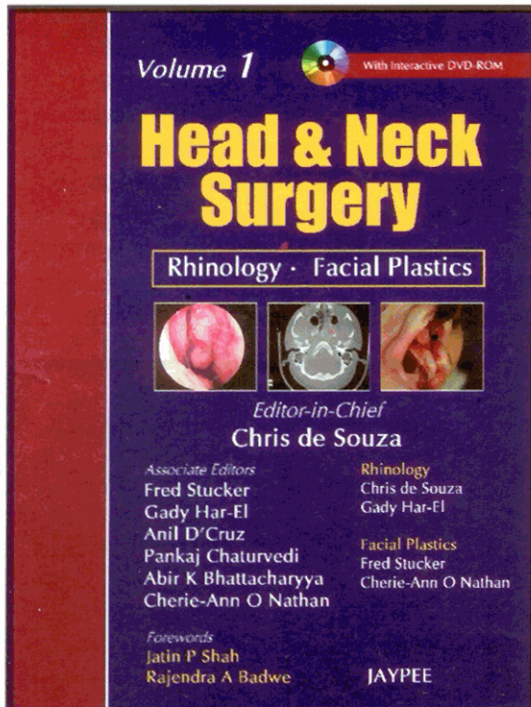
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**Figs 41.6A to D:** Preoperative views of patient with wide tip: (A) Frontal view. (B) Lateral view. (C) Oblique view. (D) Base view



due to the over-development of her lower lateral cartilages and a volume reduction maneuver is warranted (Figs 41.9A to D). The corresponding intraoperative views show the cause of the nasal deformity as being an overgrowth of cartilage (Figs 41.10A and B). The primary surgical plan for tip deprojection and refinement is through a volume reduction along the intermediate crura, in the form of a vertical dome division. In addition, the wedge of cartilage excised is oriented with the base from the cephalic margin. This allows the lateral crural body



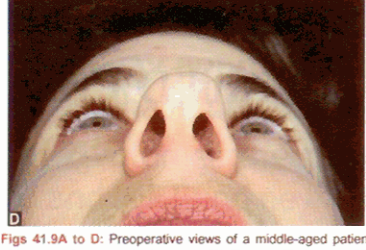
**Fig. 41.7:** Intraoperative view showing wide tip-defining points



**Figs 41.8A to D:** One year postoperative views. Note how the beauty of her eyes becomes more apparent. (A) Frontal. (B) Lateral. (C) Oblique. (D) Base view



of a middle-aged patient with a prominent and bulbous tip. (A) Frontal. (B) Lateral. (C) Oblique. (D) Base view

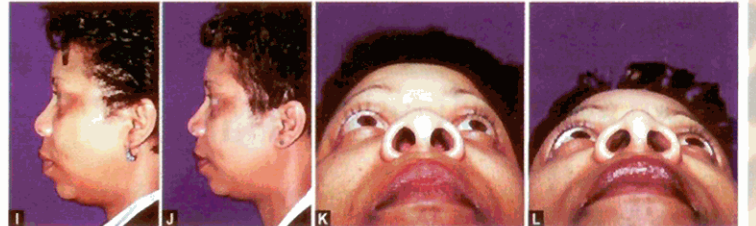
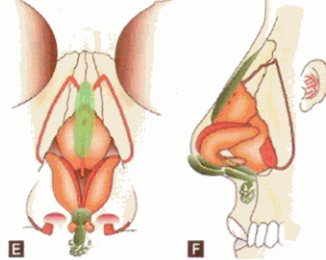


**Figs 41.9A to D:** Preoperative views of a middle-aged patient with a prominent and bulbous tip. (A) Frontal. (B) Lateral. (C) Oblique. (D) Base view

the tip. When performed cephalad to the tip defining point, rotation is achieved. Similarly, executing this maneuver caudad to the tip-defining point creates counter-rotation. It can also be useful to correct lobule asymmetries and broad lobular arches. The vestibular skin is meticulously dissected from the undersurface of the lower lateral cartilages prior to division. Reconstructing the crura using 6-0 nylon sutures in the lobule

or 4-0 polyglycolic acid transfixion sutures in the lateral crus after crural division restores structure and support.<sup>14,15</sup>

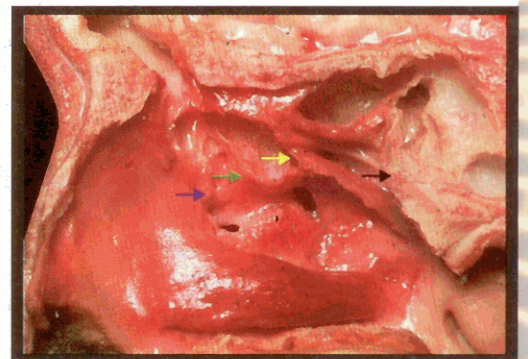
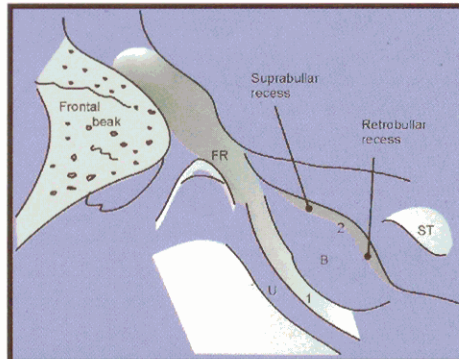
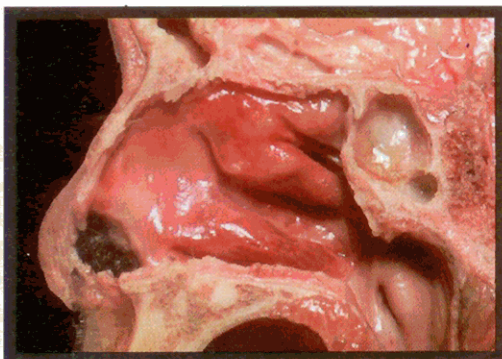
**Grafting techniques:** Cartilaginous grafts of septal or conchal cartilage can be sculpted and placed to increase tip projection, improve tip definition, lengthen the nose, camouflage asymmetries, and give a degree of apparent counter-rotation (Figs 42.3A to L).<sup>16</sup> The shield or infratip



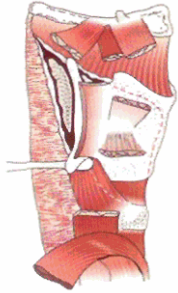
**Figs 42.3A to L:** This 48-year-old woman had a wide and flat nasal bridge with nostrils that were too large. She had an open approach septorhinoplasty to conservatively resect cephalic lower lateral cartilage and place a septal cartilage columellar strut, two-layered tip graft, and nasolabial angle plumping graft. Conchal cartilage was used to augment the dorsum. Bilateral alar base reduction was performed. One year postoperative result

## Key Features

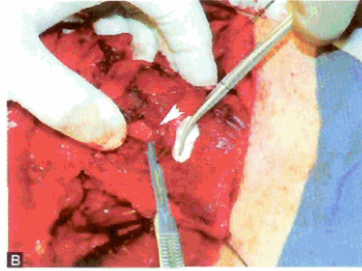
The book elaborates upon the anatomy of head and neck before embarking upon surgery of this medical specialty. The novice can confidently diagnose any form of head and neck disorder with the definitive guidance inside the two volumes of this book to undertake a surgical endeavour. The full color illustrations capture the pathologic and cytopathologic appearances of the full range of common and rare neoplastic and non-neoplastic lesions that readers might encounter in the examination of patients. It places emphasis on differential diagnosis and incorporates the latest ancillary diagnostic techniques enabling readers to arrive at accurate diagnosis more efficiently. This book helps to identify even the most observed disease entities and to overcome difficult diagnostic challenges as it elaborately explains differential diagnosis and shows ways to avoid diagnostic pitfall.



# Head & Neck Surgery 2-Volume Set



A



B

Figs 72.3A and B: (A) After dissecting the constrictors off of the lateral border of the thyroid cartilage, a knife is used to diarticulate the cricothyroid joint. (From Weinstein GS: Organ Preservation Surgery for Laryngeal Cancer. San Diego: Singular Publishing Group, 2000, p 81). (B) Gentle traction (with a peanut) inferiorly is used to protect the superior thyroid pole and recurrent laryngeal nerve. White arrow: cricothyroid joint



Fig. 72.4: Mediastinal dissection with a finger along anterior wall of trachea

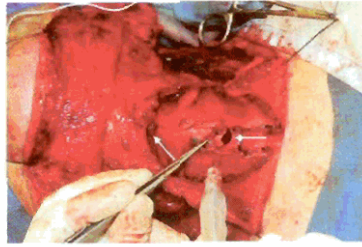


Fig. 72.5: Horizontal cricothyroidotomy along upper border of cricoid becomes the inferior margin of resection. White arrow: cricoid

table to visualize the mucosal surface of the larynx, and to visualize the tumor.

On the less involved side, an incision is made just anterior to the arytenoid, taking care to preserve the cricoarytenoid joint and the surrounding musculature. This incision is made just anterior to the laryngeal ventricle, and is continued down to the level of the cricoid, meeting with the previously made cricothyrotomy (Figs 72.9A and B). It is important to keep in mind that the extent of cancer is not a factor in the decision to make the laryngeal

incision just anterior to the arytenoid. This incision is made in order to improve postoperative laryngeal function, and should not be made more anterior in order to spare extramucosa.

The thyroid cartilage is then grasped between the surgeon's hands, and broken along its anterior spine, much like opening a book (Fig. 72.10). It allows for wide visualization of the ipsilateral side, allowing the surgeon to create wide margins around the cancer. At this point, the extent of the cancer dictates the extent of resection. If

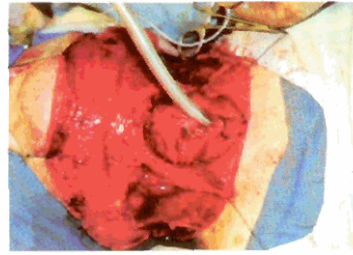


Fig. 72.6: Placement of reinforced anode tube through cricothyrotomy

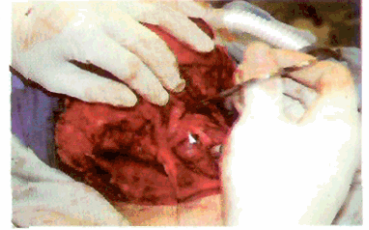


Fig. 72.7: For glottic tumors with a planned CHEP repair, Mayo scissors used to enter airway just above thyroid cartilage, through petiole of epiglottis. White arrow: top of thyroid cartilage. (For supraglottic tumors with a planned CHEP repair, the cut is just below the hyoid, to include the epiglottis in the resected specimen)

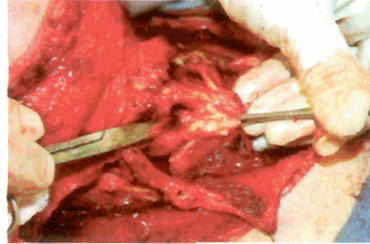
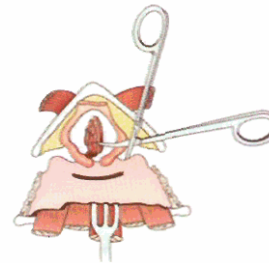
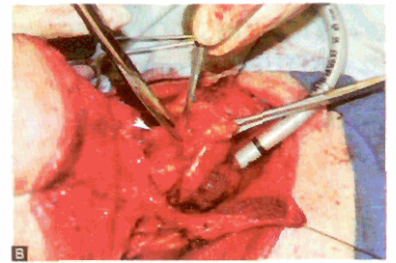


Fig. 72.8: Allis clamp used to pull the superior margin down, allowing view of glottis



A

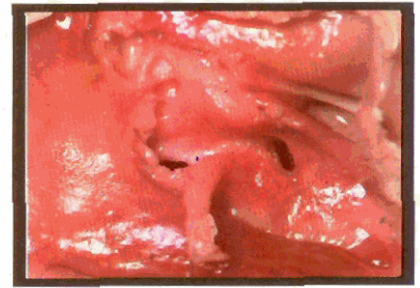
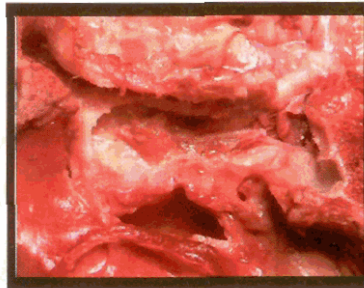
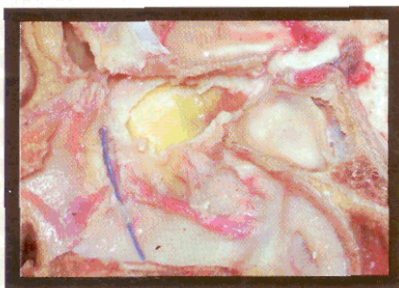


B

Figs 72.9A and B: (A) Cut on non-tumor side from thyrohyoid membrane to horizontal cricothyrotomy. (From Weinstein GS: Organ Preservation Surgery for Laryngeal Cancer. San Diego: Singular Publishing Group, 2000, p 82). (B) Cut should be posterior to ventricle, but anterior to cricoarytenoid unit. (white arrow)

## Key Features

- It keeps readers to stay informed with the most updated techniques. The contributors to this esteemed master work are the most distinguished authorities from various countries around the world who provide the best surgical answers to a variety of malaises of the head and neck region
- They offer in-depth guidance on operative techniques and treatment options as well as cogent explanations of every new scientific concept and its clinical importance
- With its new streamlined more user-friendly, full-color format it presents distilled knowledge on this subject in a lucid, comprehensive and easy-to-understand manner. Even an expert would find the discussions on issues regarding controversies and recent advances in the field highly illuminating
- Provides relevant anatomy and basic science to lay the foundation for understanding the subject in its full dimensions
- Presents numerous operative techniques, explains several different approaches for the treatment and surgical options of each clinical problem that readers might encounter and can select the most appropriate procedure for a given patient
- Demonstrates important concepts and nuances of techniques with numerous exquisite illustrations on head and neck surgery
- Heavily illustrated with high quality line diagrams and full color photographs of clinical situations and conditions.



# Head & Neck Surgery

## 2-Volume Set



### With Interactive DVD-ROM

- Whether you're in training or an established practitioner the latest surgical techniques in Head and Neck Surgery features the essential information you need on a variety of surgical maneuvers in this medical specialty area. Every contributor has provided based on his experience a wealth of clinical expertise. All the important aspects are presented in a concise templated format that complements the commentary and procedures on the accompanying DVDs
- Features explanations of surgical techniques combined with high quality video clips that emphasize and illuminate key points
- Includes pros and cons, pearls and pitfalls and tricks-of-the trade for all the techniques, offers a consistent step-by-step approach to each procedure.
- This comprehensive, multi-disciplinary text addresses all aspects of head and neck cancer and presents a wide spectrum of specialists, including surgical, radiologists, and paramedics
- The book focuses on two-way approach to treatment that maximizes the chance for a cure while maintaining emphasis on quality of life
- In this updated book in 2-volumes the treatment included explains about new radiation techniques such as MRI and IGRT and new endoscopic and laser surgical techniques
- This compendium provides the state-of-the-art and science in the field of head and neck surgery and oncology
- This book is an essential reading for the trainee in the head and neck surgery. It equally benefits the busy physicians caring for head and neck cancer and in libraries of cancer institutions and medical schools worldwide.



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