

DEPARTMENT OF OTORHINOLARYNGOLOGY

153. CONTACT VIDEOENDOSCOPY IN THE DIAGNOSIS OF BENIGN LARYNGEAL PATHOLOGY

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Introduction. Laryngeal stroboscopy: this examination is a specialized viewing of vocal fold vibration. Laryngeal stroboscopy involves controlled high-speed flashes of light timed to the frequency of the patient's voice. Images acquired during these flashes provide a slow motion-like view of vocal fold vibration during sound production.

Aim of the study. To study it innovative approach to rigid endoscopy of the larynx.

Results. For contact videoendoscopy, we start with a microcolpohysteroscope, 24 cm long, 4 mm in diameter, with an angle of 30°. When in contact with the tissues, it allows for magnifications of 60° and 150°. Presently, a prototype developed in collaboration with Karl Storz is being used. Contact endoscopy is performed after the assessment with the microscope and the telescopes. An autostatic device fixed to the operating table improves the manipulation of the contact endoscope, allowing for better control of movement along the superior surface of the vocal cord. Video and photographic documentation are obtained with the same equipment used in REMS procedure: With the contact endoscope close to the mucosal surface, allowing a panoramic view, the superior surface of the vocal cord is cleaned using Spongostan soaked in saline serum. After careful suction of the area, the vocal cords are stained with 1% methylene blue. The mucosa is gently touched with the tip of the contact endoscope, and the stained cells of the superficial layers of the epithelium become visible. The color lasts for approximately 4 to 5 minutes and gradually disappear, so staining is repeated periodically if longer assessment of the epithelium is needed. Later, contact videoendoscopic images are compared with histologic sections of the biopsied or excised lesions. Video recording allows for study and discussion of the images obtained by this in vivo and in situ study of the tissues. Laryngeal stroboscopy:

Conclusions. These technologies provide valuable practitioner and patient information. It allows recording images, video or other media formats, permitting examiners to review the images of the voice box frame by frame, capture still and close-up images, and re-review images with members of the voice care team.

Key words: videoendoscopy, vocal fold.

154. EMPTY NOSE SYNDROME - ENTITY AND KNOWLEDGES

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Introduction. Empty Nose Syndrome (ENS) is a complication of nasal surgery, an iatrogenic disease, where the nasal turbinates (especially the inferior turbinates) was damaged as a result of turbinate surgery which destroys the normal nasal physiology.