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| Soggetti                | Otolaryngology, Operative<br>Surgery<br>Speech disorders<br>Nervous system - Surgery<br>Head and Neck Surgery<br>Speech Pathology<br>Neurosurgery   |
| Lingua di pubblicazione | Inglese   |
| Formato                 | Materiale a stampa  |
| Livello bibliografico   | Monografia  |
| Note generali           | Description based upon print version of record.   |
| Nota di bibliografia    | Includes bibliographical references.  |
| Nota di contenuto       | Preface.- Acknowledgement -- Foreword.- Basic Knowledge of Vocal Fold Paralysis -- Etiologies of Vocal Fold Paralysis and Conventional Surgical Procedures Used to Treat Paralytic Dysphonia -- Denervation and Reinnervation of the Thyroarytenoid Muscle -- Diagnosis of Paralytic Dysphonia and its Clinical Characteristics -- Surgical Treatment of Unilateral Vocal Fold Paralysis; Reinnervation of the Thyroarytenoid Muscle.- Summary and Future Perspectives. |
| Sommario/riassunto      | All laryngologists, especially general ENT doctors for patients with paralytic dysphonia, as well as speech pathologists, will benefit from this book's coverage of basic and clinical aspects of reinnervation in retrieving patients' normal voices. Phonosurgical treatment for paralytic dysphonia was established in the late 1970s as arytenoid adduction   |

and medialization laryngoplasty. It has recently been established that immediate reconstruction of the recurrent laryngeal nerve during tumor extirpation is effective in recovery of original voices in patients with unilateral vocal fold paralysis (VFP). The activity of the thyroarytenoid muscle is needed to recover normal voices. Nerve–muscle pedicle (NMP) flap implantation with a refined technique to the thyroarytenoid muscle is a novel method for that purpose. NMP flap implantation with arytenoid adduction was applied by the author to patients with dysphonia, and most of them recovered their nearly normal voices after surgery. This book provides readers with (1) currently prevalent surgical procedures, (2) unsatisfactory results of conventional procedures, (3) results of immediate recurrent laryngeal nerve reconstruction during tumor extirpation, (4) outcomes of delayed reinnervation combined with arytenoid adduction in patients with VFP, and (5) the scientific basis explaining why the author's method is effective in the recovery of patients' own pre-paralysis, normal voices.

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