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	Nota di contenuto	Introduction -- Application of topical Anaesthesia in Office-Based Laryngeal Surgery -- Different Approaches and sites of injection in Office-Based Laryngeal steroid Injection -- Office-Based Steroid Injection for Vocal Folds Nodules -- Office-Based Steroid Injection for Vocal Fold Polyps -- Office-Based Steroid Injection for Reinke's Edema -- Office-Based Steroid Injection for Vocal Fold Cysts -- Office-Based Steroid Injection for Vocal Process Granuloma -- Office-Based Steroid Injection following Laser therapy for Benign Lesions of the Vocal Folds -- Office-Based Steroid Injection for Bamboo nodes, mucosal tear and non-specific masses -- Office-Based Steroid Injection for Vocal Fold scars and fibrovascular masses -- Office-Based Steroid Injection in

subglottic stenosis -- Complications and adverse effects following laryngeal steroid injections -- Conclusion.

Sommario/riassunto

With the reform in laryngology practice toward office-based laryngeal surgery, many laryngeal procedures are now performed in-office, thus sparing patients the need for general surgery and the morbidity associated with direct laryngoscopy. Among these procedures is steroid injection in patients with various voice disorders. Numerous reports indicate that intralesional steroid injection leads to complete or partial disease regression of vocal fold nodules, polyps, Reinke's edema, and cysts, among other benign lesions. Intralesional steroid injection is also used for the treatment of vocal fold scars to enhance vocal fold malleability and function, and for the management of laryngo-tracheal stenosis to improve breathing and prolong surgery-free intervals. Office-based laryngeal steroid injection is also an effective adjunct treatment modality to other types of office-based laryngeal procedures, such as laser therapy. Atlas of Office-based Laryngeal Steroid Injection provides an overview of office-based laryngeal injection of steroids in the management of benign lesions of the vocal folds, vocal fold scars, subglottic stenosis and many other laryngeal inflammatory conditions as a result of systemic diseases. The reader will have access to close to 150 images and 12 video-recordings of surgical cases that were treated in-office using different approaches for injection. It compiles pre, intra, and post-operative endoscopic images of the larynx in patients with voice disorders treated in-office with steroid injections. This atlas is ideal for otolaryngologists, laryngologists, fellows and residents, speech-language pathologists, phoniatrists, and voice therapists.
