
There has been a significant resurgence in laryngology over the last 30 years, rekindling one of the hallmark areas of our specialty. This renewal has its roots in an improved understanding of the multilayered microanatomy of the vocal folds, high-powered imaging, the use of stroboscopy to help determine the integrity of the mucosa, and an emphasis on the function as well as the aesthetic of the voice. Consequently, the broadening list of pathologies affecting the larynx comes with an enhanced appreciation of the pathogenesis of these lesions. Analysis of the lesion and its origins is critical to the decision process supporting voice therapy or surgery, and also guides the surgical approach.

Otolaryngologists are all familiar with the clinical presentation of vocal nodules and laryngeal cancer, two extremes within a large spectrum of lesions. But there is a much broader list of findings beyond polyps, cysts, paralysis, and laryngopharyngeal reflux that clinicians should be familiar with to provide the best patient care. Fortunately or unfortunately, there are many conditions that are less common and require a greater orientation to laryngoscopy findings.

The Atlas of Laryngoscopy by Robert Thayer Sataloff et al. is an exceptional compendium of laryngeal findings in both the office and during direct microlaryngoscopy in the operating room. Articles are concise, case-based discussions of the various findings, bringing into relevance the causative factors and introducing the thought processes that ultimately lead to the diagnosis. Chapters are compiled from the Laryngoscopic Clinics section of the Ear, Nose & Throat Journal dating back to 1993, written by more than 150 authors.

Although previously published, the third edition has updated material in addition to sharper images than in previous editions. There are 176 chapters organized in sections that include the 1) normal vocal folds, 2) evaluation techniques, 3) congenital abnormalities, 4) idiopathic pathology, 5) inflammatory and systemic diseases, 6) infectious etiologies, 7) traumatic injuries to the larynx, 8) vascular lesions, 9) benign masses, 10) impaired vocal fold mobility, 11) neoplasms, and 12) complications of surgery. The initial chapters on microanatomy of the normal vocal folds, as well as an essential guide to performing a thorough exam and interpreting the stroboscopy findings, are especially valuable. Images presented in these sections are of high quality and sometimes include arrows pointing to subtle findings that may otherwise be missed on the stroboscopy.

As a composite work, the book paints a picture of how laryngeal pathologies develop over time, allowing the reader to construct a sequence of events that would lead to findings in their own patients. This is an advanced concept, although most laryngologists would appreciate these complex patients. The book helps evolve this complex understanding by including chapters such as “The Effects of Yelling in Loud Smoky Bars,” vocal varicosities, vocal fold hemorrhages, Reinke’s edema, vocal scar, and posthemorrhagic polyp, among many others. Multiple findings are also presented in some of the cases, such as “vocal fold cyst, hemorrhage, and scar in a professional singer.”

The atlas on benign masses and neoplasms, as well as that on malignancy, is also an essential guide to improve clinical care. Chapters include a wide spectrum of disease and scenarios including granular cell tumor, squamous cell carcinoma masquerading as a vocal fold papilloma, and cricoid chondrosarcoma presenting as breathy dysphonia. Chapters are also sometimes accompanied by interesting computed tomography studies as well as histopathology findings to enhance the multidimensional understanding of the disease processes. Some important pathologies are covered with more than one case, but these are often needed to reinforce a deeper understanding of pathogenesis.

The Atlas of Laryngoscopy, third edition, is an essential addition to any laryngology library, and should be of great interest to even seasoned practicing otolaryngologists as well as residents and laryngology fellows.

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