Fig. 11: a synchronous squamous cell carcinoma.

Same view by NBI with better definition of the lesion and its vascular pattern. The histology confirmed the lesion to be adeno-squamous carcinoma.

Fig. 7:

Same view by NBI-HDTV shows better definition of the lesion's margins and the typical vascular pattern. The histology resulted to be recurrence of invasive carcinoma.

Rigid intraoperative endoscopy by WL-HDTV 70° telescope shows a leuco-erythroplakia of the anterior and middle thirds of the right vocal cord.

The same picture by NBI-HDTV shows the typical neoangiognetic pattern (brownish spotted areas) in the posterior third of the vocal cord then confirmed at histopathologic examination to be carcinoma in situ.

Follow-up examination by flexible WL endoscopy after extended cordectomy shows a leucoplakia surrounded by normal mucosa.

Same view by NBI shows the typical vascular pattern suspicious for neoplasia involving even the entire floor of the anterior third of the ventricle. The histology resulted to be carcinoma in situ.

Fig. 6:

Intraoperative examination by 0° rigid WL-HDTV telescope shows a leucoerythroplakia of the left soft palate; the specimen confirmed the NBI-HDTV finding and showed granuloma (blue arrow) surrounded by microinvasive carcinoma (yellow arrow).

Flexible preoperative videoendoscopy (up) and intraoperative view by 120° rigid telescope (down) by WL-HDTV of the piriform sinus shows an erythroplakia of its lateral wall (sharp), with further magnification (down).

Same view by NBI-HDTV shows better definition of lesion's margins and the typical vascular pattern. The histological examination confirmed the lesion to be canceroma in situ.

RoLe oF NBI IN eNT DIagNoSIS
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