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ROLE OF NBI IN ENT DIAGNOSIS

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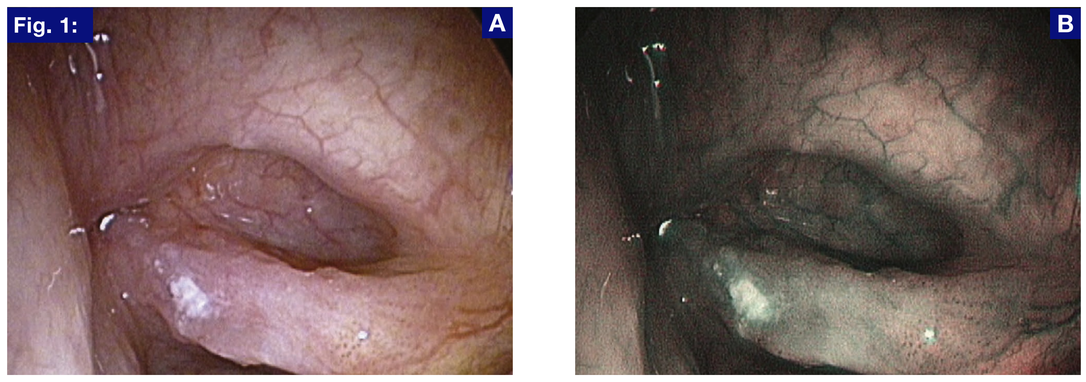
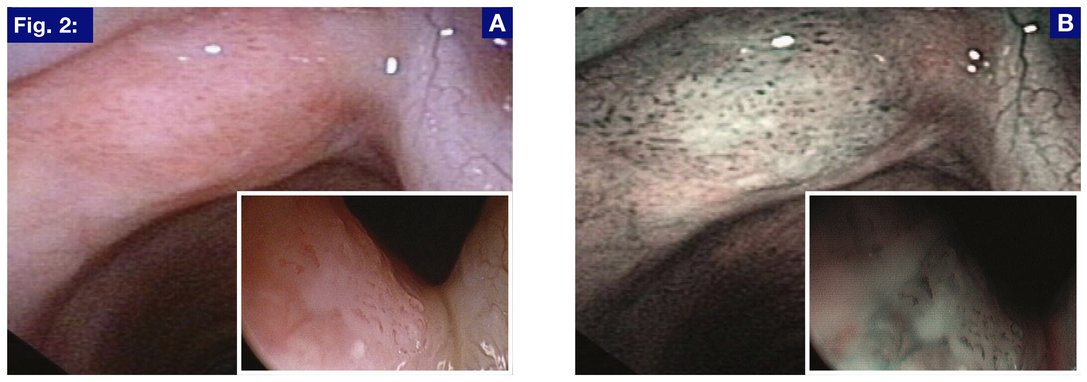


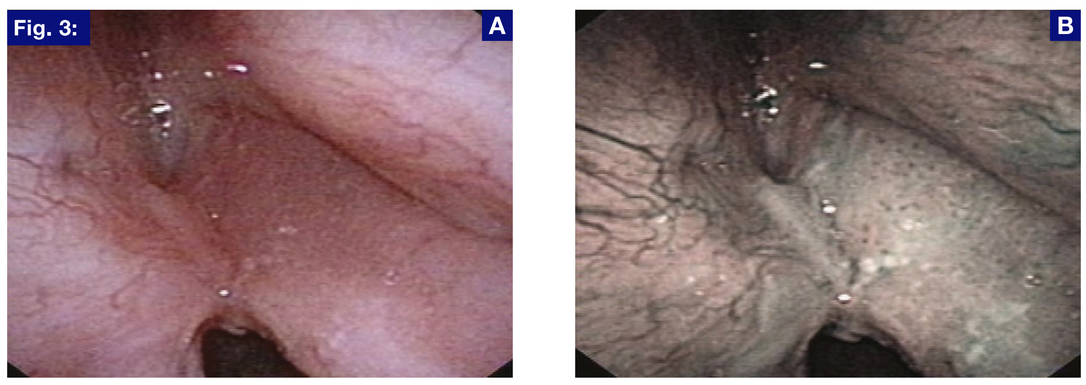
A Intraoperative endoscopy by WL-HDTV 70° telescope shows a leuco-erythroplakia of the anterior and middle thirds of the right vocal cord.

B Intraoperative endoscopy by NBI-HDTV 70° telescope shows the typical neoangiognetic pattern (brownish spotted areas) in the posterior third of the vocal cord then confirmed at histopatologic examination to be *carcinoma in situ.*



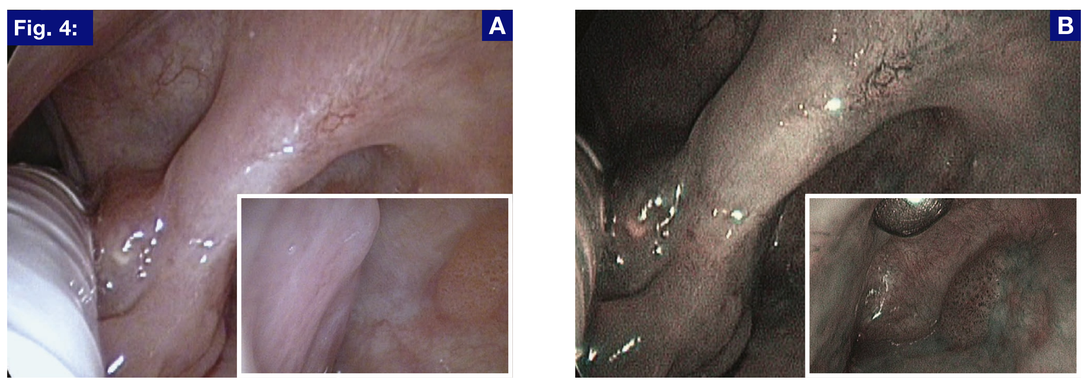
A Flexible preoperative videoendoscopy (up) and intraoperative view by 120° rigid telescope (down) by WL-HDTV of erythroplakia involving the left vocal cord.

B 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 *carcinoma in situ*.



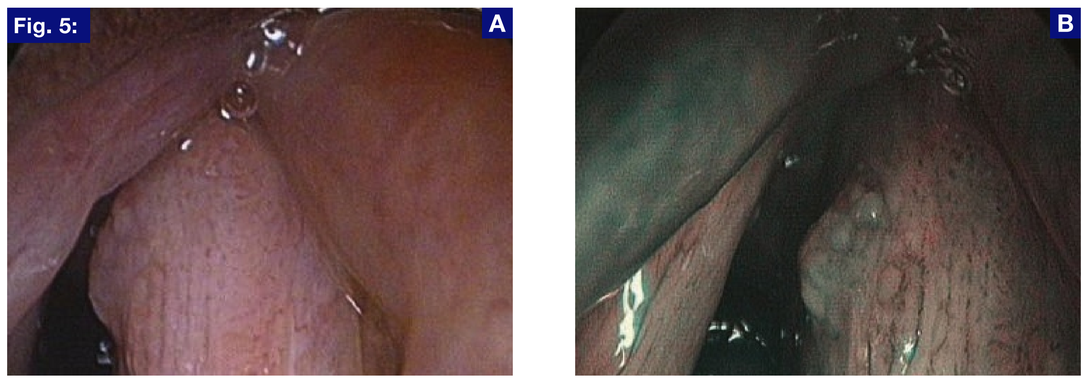
A Follow-up examination by flexible WL endoscopy after extended cordectomy shows a leucoplakia surrounded by normal mucosa.

B The 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*.



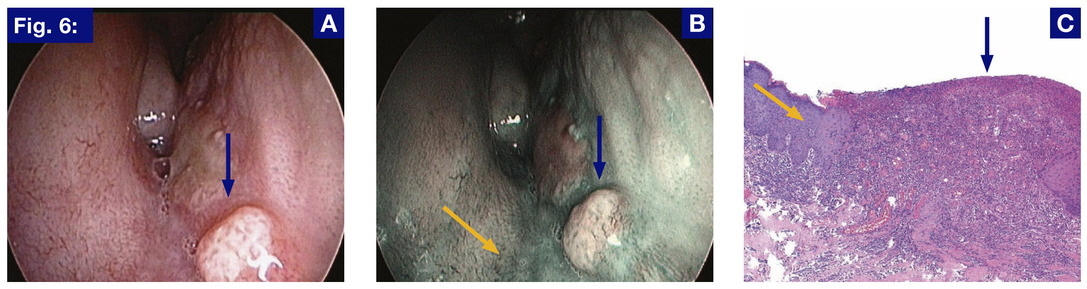
A Intraoperative examination by rigid WL-HDTV 0° telescope after resection of squamous cell carcinoma of the right piriform sinus shows an erythroplakia of its lateral wall (up), with further magnification (down);

B The same pictures by NBI-HDTV show the typical vascular pattern suspicious for persistence of disease confirmed by histology to be microinvasive carcinoma.



A Intraoperative examination by 0° rigid WL-HDTV telescope shows a sessile lesion of the anterior portion of the right vocal cord;

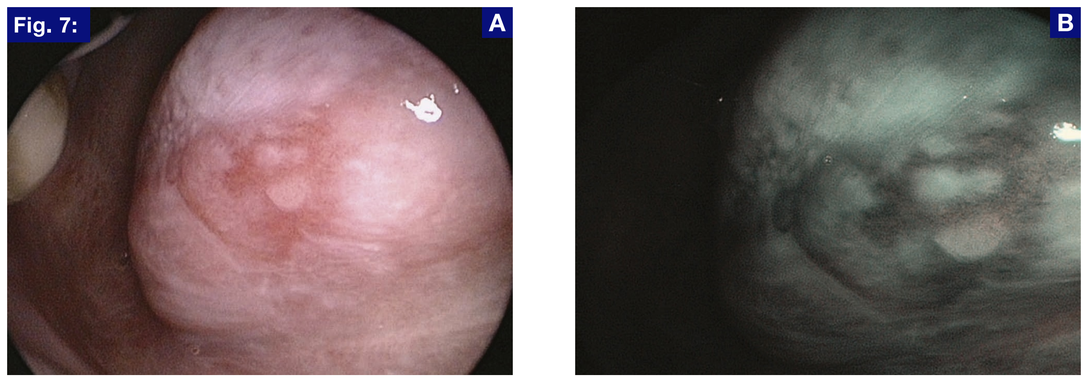
B The same picture by NBI-HDTV shows the typical neoplastic vascular pattern and gives a better definition of the surgical margins. The histology confirmed to be an invasive carcinoma reaching the lateral aspect of resection.



A Follow-up examination by rigid WL-HDTV endoscopy after right partial glossectomy for squamous cell carcinoma shows a leucoplakia suspicious for recurrence (blue arrow);

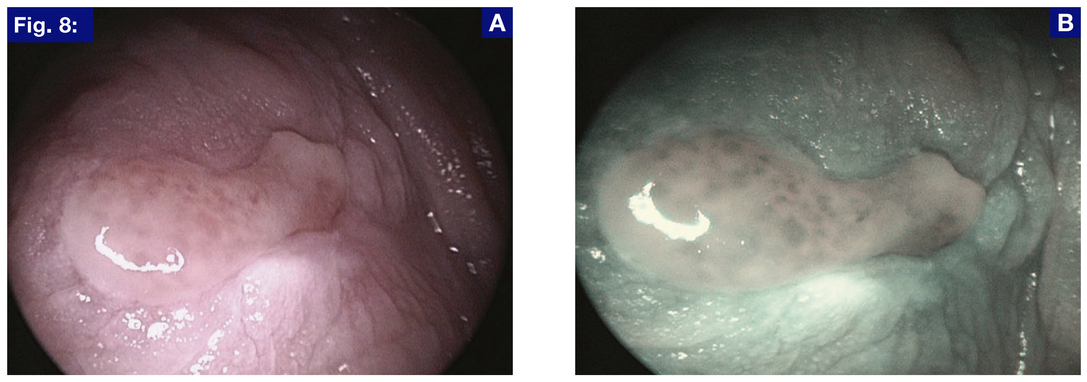
B Rigid NBI-HDTV endoscopy shows the same lesion without the typical vascular pattern surrounded by mucosa with abnormal vessels (yellow arrow) suspicious for neoplasia;

C the specimen confirmed the NBI-HDTV finding and showed granuloma (blue arrow) surrounded by microinvasive carcinoma (yellow arrow).



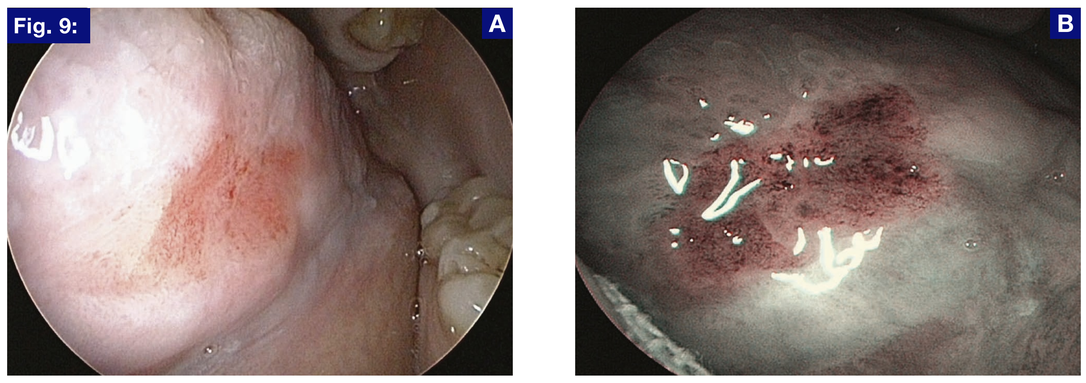
A Rigid preoperative endoscopy shows a leuco-erithroplakia of the right margin of the mobile tongue in a patient with oral cavity lichen planus;

B Same view by NBI-HDTV shows better definition of the lesion's margins and the typical vascular pattern surrounding the entire leucoplakia. The histological examination confirmed the lesion to be a moderate dysplasia.



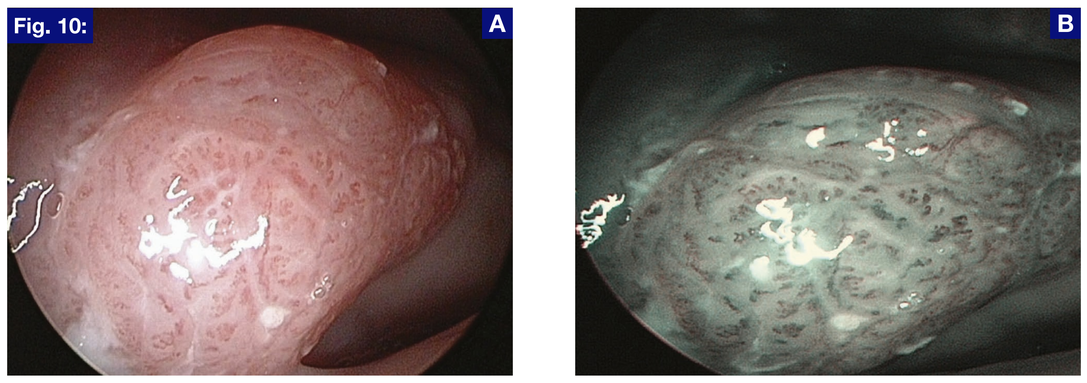
A Rigid intraoperative endoscopy shows a lesion suspicious for granuloma of the left margin of the mobile tongue after multiple resection for oral cavity squamous cell carcinoma;

B Same view by NBI-HDTV with evidence of the typical vascular pattern suspicious for recurrent disease confirmed by histology as microinvasive carcinoma.



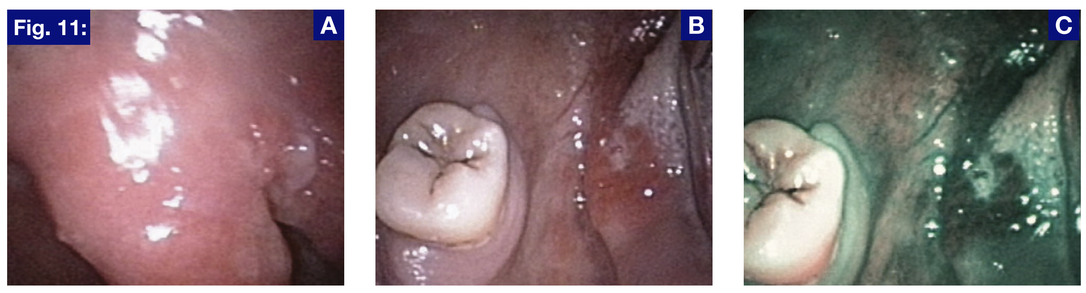
A Rigid intraoperative endoscopy by WL-HDTV shows an erythroplakia of the left margin of the mobile tongue previously biopsied and defined as chronic inflammatory lesion;

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



A Rigid intraoperative endoscopy by WL-HDTV shows an exophitic erythroplakia of the inferior alveolar crest in a patient previously treated for oral cavity squamous cell carcinoma;

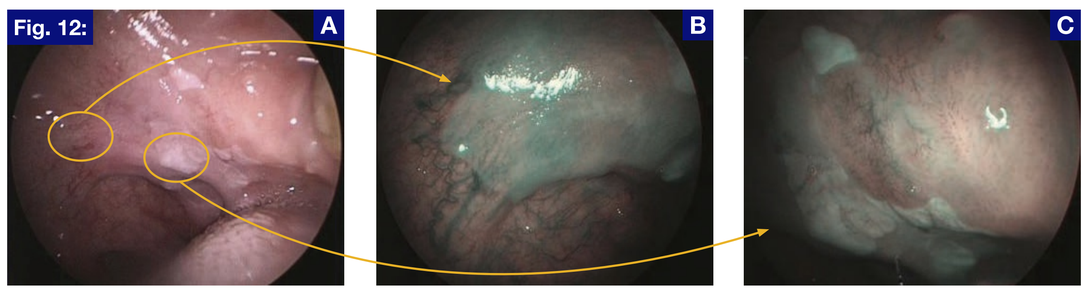
B Same view by NBI-HDTV shows better definition of the lesion's margins and the typical vascular pattern. The histology resulted to be recurrence of invasive carcinoma.



A WL preoperative view of a squamous cell carcinoma of the uvula;

B Flexible preoperative endoscopy shows also an erythroplakia of the posterior right oral floor;

C Same view by NBI with better definition of the lesion and its vascular pattern. The histology confirmed the lesion to be a synchronous squamous cell carcinoma.



A Rigid intraoperative endoscopy by WL-HDTV shows a leucoerythroplakia of the left soft palate;

B+C Same view by NBI-HDTV shows better definition of the lesion's margins and the typical vascular pattern. The histology resulted to be *carcinoma in situ*.