

**Simple keel fixation technique for endoscopic repair of anterior glottic stenosis**

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Dear Sirs

I read with interest the recent article by Liyanage, Khemani, Lloyd and Farrell on simple keel fixation technique for endoscopic repair of anterior glottic stenosis. I perform this procedure similarly, with one difference which readers might find useful.

At the time of keel placement, I place a long nylon suture through the superior end of the keel. The free end of this suture is then fed up through the nasopharynx into the nasal cavity. It is then sutured to itself through the anterior septum. The suture must have a little slack in it. Surprisingly, the patient will not notice this.

Keel removal can now be done in the office. The suture is released from the septum and then brought out through the mouth. The retaining sutures are then cut and removed, and the keel pulled up and out of the patient's mouth.

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*Authors' reply*

Dear Sirs

We thank Professor Rice for his interest in our article, and we welcome his comments.

Anterior glottic stenosis is a relatively challenging problem for which many solutions have been proposed. Endoscopic keel fixation has become an established surgical practice, reducing post-operative morbidity and recovery time. In addition, percutaneous fixation reduces tissue trauma whilst providing adequate fixation of the keel.

Professor Rice describes additional steps which enable easy removal of the keel in an out-patient setting, and this has obvious benefits for the patient. The method of keel placement has undergone many modifications since the original description by Iglauer,<sup>1</sup> and we hope that further modifications will continue to improve the treatment of anterior glottic stenosis.

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**Reference**

- 1 Iglauer S. New procedure for the treatment of web in the larynx. *Arch Otolaryngol* 1935;**22**:597–602