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This presentation will comprehensively review evaluation and management of laryngeal leukoplakia. Though white vocal fold lesions are common, management remains challenging – doing too little may allow precancerous lesions to progress, while doing too much may create unnecessary dysphonia through scar. I will present a framework for management of leukoplakia which balances oncologic with functional outcomes, with the goal of achieving disease control without creating scar. Stateof-the-art advances in care of leukoplakia will be emphasized, and surgical techniques discussed will include role of infusion, use of the KTP laser, and micro-flap resection of diseased epithelium. Advanced use of the KTP laser for office treatment of laryngeal dysplasia, an important part of my own practice and something which is only available in a limited number of centers worldwide, will be discussed as well, to include appropriate anesthesia techniques for office-based procedures. Epidemiology of leukoplakia, rates of progression to malignancy, and role of office-based biopsy will be reviewed. Though focus will be on KTP laser strategies as these represent cutting edge approached to management of this disease, I will also discuss cold instrument and CO2 laser techniques so that the audience, regardless of the tools available to them in their own practices will be able to transition techniques learned in this presentation to care of their own patients. Approaches to anterior commissure involvement, bilateral disease, and multiply recurrent dysplasia will be discussed through case presentations which should increase audience interest. After the completion of this presentation, participants should be able to: understand the need to balance oncologic efficacy with functional outcomes in leukoplakia care; discuss treatment alternatives for laryngeal leukoplakia, emphasizing surgical techniques of KTP, CO2, and cold-instrument phonosurgery in the operating room and pulsed KTP laser treatment in an office setting. Hoarseness can be caused by acute (42.1%) and chronic laryngitis (9.7%), functional vocal disturbances (30%), and benign (10.7–31%) and malignant tumors (2.2–3%), as well as by neurogenic disturbances such as vocal cord paresis (2.8–8%), physiologic aging of the voice (2%), and psychogenic factors (2–2.2 %). Hoarseness is very rarely a manifestation of internal medical illness. The treatment of hoarseness has been studied in only a few randomized controlled trials, all of which were on a small scale. Voice therapy is often successful in the treatment of functional and organic vocal disturbances (level 1a evidence). Surgery on the vocal cords is indicated to treat tumors and inadequate vocal cord closure. The only entity causing hoarseness that can be treated pharmacologically is chronic laryngitis associated with gastro-esophageal reflux, which responds to treatment of the reflux disorder. The empirical treatment of hoarseness with antibiotics or corticosteroids is not recommended. Voice therapy, vocal cord surgery, and drug therapy for appropriate groups of patients with hoarseness are well documented as effective by the available evidence. In patients with risk factors, especially smokers, hoarseness should be immediately evaluated by laryngoscopy.

Note: This work is partially presented at 2nd European Otolaryngology ENT Surgery Conference & International Conference on Craniofacial Surgery October 16-18, 2017 Rome, Italy.