Since many years, office-based flexible transnasal laryngoscopy is a common routine procedure. In contrast to rigid laryngoscopy, it is possible to move the tip of the endoscope near to the vocal folds and to other structures of interest. Nowadays, the development of new technical equipment such as high definition cameras, flexible tip-chip endoscopes allows for much more precise examination with highest image resolution. However, without professional handling of the equipment one cannot benefit from the potential of the newest technology. Especially, the medial or inferior aspect of the vocal folds as well as the anterior commissure or Morgagni’s ventricle are not easy to visualize.

As a special, very helpful and easily performed maneuver in flexible endoscopy we will describe a well established, however rarely used technique, the “rotation laryngoscopy”. Although we could not find any literature describing its first publication, we acknowledge the inventors. We know of and use this technique for many years. It allows examination of the anterior commissure, the lateral aspect of the vocal folds and the subglottal region. After inserting the flexible endoscope transnasally in the normal manner, then, by rotating the flexible endoscope by 180°, the tip of the endoscope will be positioned in the posterior mesopharyngeal region. By bending the tip anteriorly and advancing it close to the glottis and vocal folds, the oblique posterior-to-anterior access reveals better ‘insights’. Thus, (1) the anterior commissure can be seen completely and even its inferior part, (2) the inferior surface of the vocal folds are made visible and (3) Morgagni’s ventricle can be inspected. This technique also allows for access to these regions when operating in local anesthesia with the flexible endoscope and working channel, e.g., for injections and laser surgery.

The exact techniques and the pitfalls are described – paralleled with images showing the handling of this technique as well as images obtained by using this technique.