INTRODUCTION
Submucosal neoplasms of the laryngeal introitus most frequently present as benign cystic masses or occult squamous carcinoma, or as an obvious postoperative sequelae such as a Teflon granuloma. However, these tumors can represent more uncommon pathologies which can be challenging to diagnose and treat. The differential diagnosis of these non-epithelial lesions includes a spectrum of benign and malignant pathologies, which have been rarely photodocumented.

METHODS
Medical records of 27 patients undergoing laryngoscopy for submucosal lesions of the laryngeal introitus presenting between 2002-08. Patients' clinical presentation, operative description, histologic diagnosis, and pre- & post-operative laryngeal imaging were recorded. Patients with squamous cell carcinoma, mucosal cysts, amyloid, and Teflon granuloma were excluded.

RESULTS
27 consecutive patients underwent endoscopic surgical diagnosis and/or treatment. Pathologies and laryngeal subsite distribution are represented below.

CONCLUSION
Not surprisingly, submucosal laryngeal neoplasms were most frequently mesenchymal in origin. The review herein is useful when considering the differential diagnosis. The site of origin, degree of malignant behavior, and sensitivity to adjuvant cancer treatment determined the course of surgical management; endolaryngeal versus transcervical approach, and limited removal versus wider resection.

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