## INTRODUCTION & AIM OF THE WORK

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## Introduction:

Laser has become an important tool in otolaryngology during the last 10 years. During laser surgery there is laser smoke vapor. The exact effect of this smoke on the distal parenchyma of the lung or bronchopulmonary tree has not been well analyzed.

(Baggish et al., 1987)

Laser smoke my be hazardous due to:

a) Its direct toxic effect of particulate matter on the tracheobronchial tree and pulmonary parenchyma.

(Larry, 1991)

b) Viral particles may be inhaled with possible transmission of viral diseases.

(Ferenczy et al., 1990a)

c) Viable cells from malignant tumours may be inhaled by personnel in the operating room.

(Larry, 1991)