

ENDOSCOPIC LASER TREATMENT OF A DENERVATED LARYNX AFTER TOTAL THYROIDECTOMY AND VOCAL CORD INJECTION

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Background/Purpose: This video shows the case of a young broadcaster woman who after total thyroidectomy for papillary cancer developed bilateral denervation of the larynx as a complication. She was injected in the left vocal fold elsewhere without performing a preop laryngeal electromyography (EMG). She worsened in voice and respiratory obstruction after that procedure.

Methods: The patient was studied preoperatively by us with a videofiberlaryngoscopy and a laryngeal EMG. A pattern of bilateral partial denervation was found and on the basis of these studies a Microlaryngoscopy and Laser treatment on the left vocal fold was scheduled. We performed a partial resection of the posterior third of the left vocal fold and of the vocal process of the left arytenoid process.

Results: POP results were very good. The patient was able to breath normally, practice sports and return to part time broadcasting. On control videolaryngoscopy a wider glottic space was observed and voice was of a very good quality.

Discussion & Conclusion: Although traditional treatment for bilateral laryngeal paralysis and palsy is endoscopic arytenoidectomy, we decided to perform a more conservative endoscopic treatment in this young patient considering the EMG results and the need of the patient to maintain most of her voice quality without aspiration. Preoperative adequate work-up including laryngeal EMG in patients with bilateral RLN and SLN lesions and transoperative nerve monitoring during thyroid surgery are emphasized.