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Short term management of vocal fold paralysis

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Introduction & Aim: Vocal cord paralysis is commonly encountered by ENT surgeons. The standard management usually involves waiting for 6-12 months to assess for recovery or reinnervation. During this time, the patient usually experiences poor quality voice, ineffective cough, and aspiration which may result in pneumonia. Management of these patients includes a search for the aetiology and often requires speech therapy. In addition to this, a reversible, office-based early injection laryngoplasty can minimize the patient morbidity of impaired vocal fold mobility while maximizing glottal functions and improving phonatory quality.

Methods: A retrospective study was conducted on consecutive patients with unilateral vocal cord paralysis. Voice handicap index, basic and aerodynamic/acoustic data were collected at the initial assessment and following intervention. Intervention consisted of an office-based, unsedated, paraglottic injection of hyaluronic acid to the effected side. All patients underwent video stroboscopy before, during and after office intervention and subjective assessment of these recordings was made. Patients also completed the voice related quality of life.

Results: All 185 patients tolerated office-based injection well with no adverse events. All patients experienced an improvement in glottal competency and this was reflected in the aerodynamic and acoustic data. Analysis of video stroboscopy before and after showed a similar outcome, as did patient questionnaire data.

Discussion: Office-based, unsedated paraglottic injection of hyaluronic acid is a safe and effective treatment option in the short term management of impaired vocal fold mobility. It improves glottal competency and vocal function while minimizing the risks associated with impaired vocal fold mobility. It allows rapid return to work/social functioning compared to the wait and see approach.



Biography

Matthew S Broadhurst is a fellowship trained Laryngeal and Upper Airway Surgeon specializing in Laryngeal Surgery, Voice Restoration and Obstructive Sleep Apnoea. He has worked for two years at Harvard Medical School and Massachusetts General Hospital. He was the first fellowship trained Laryngeal Surgeon in Australia and now has a large tertiary referral practice in voice and larynx disorders and sleep apnoea. In his practice, he utilizes state of the art techniques in surgery to the airway and is actively involved in clinical research and education both nationally and internationally. His research interest includes "KTP laser for dysplasia and glottic cancer, short and long term management of vocal fold paralysis, phonotraumatic lesions in professional voice users and laryngeal papilloma".

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