

Endoscopic assisted Lateropexy for Bilateral Abductor Paralysis in a Low Resource Setting: Report of two cases from Abubakar Tafawa Balewa university teaching hospital Bauchi

Abdullahi Musa Kirfi,

Abubakar Tafawa Balewa University, Nigeria

Abstract

Human larynx plays a vital role in phonation, breathing, airway protection, and generate high intra-thoracic pressure for coughing and lifting objects. Injury to the vagus nerve or recurrent laryngeal nerve results in vocal fold paralysis. There are several causes of vocal fold paralysis reported in the literature, which include: thyroidectomy, benign and malignant thyroid diseases, oesophageal carcinoma, neck trauma, bronchogenic cancer, aortic aneurysm, intra-thoracic surgery, idiopathic and congenital vocal cord paralysis. Management of vocal paralysis is surgical, the surgical approaches evolved from open to endoscopic procedures.

A 37 year old woman who presented with progressive difficulty with breathing following thyroidectomy she had two years ago for a benign thyroid lesion. The difficulty with breathing was said to have started immediately after extubation necessitating an emergency tracheostomy and admission at the Intensive Care Unit. The patient was seen at the Laryngology clinic about six weeks before having the thyroplasty. She had flexible nasopharyngolaryngoscopy from a nearby Teaching hospital which showed completely immobile right true vocal cord and a sluggishly mobile left vocal cord. She had laboratory investigations and had endoscopic assisted thyroplasty on 26th November 2020 and was decanulated. Has been discharged and had two uneventful follow-ups.

A 65 year old widower who had total thyroidectomy in 2017 and developed bilateral abductor palsy. She has been in respiratory difficulty since then, warranting an emergency tracheostomy. She was referred to the ENT clinic in November 2020, had preliminary laboratory investigations and electrocardiography. She had endoscopic assisted lateropexy on 30th December 2020, had two follow up visits. Postoperative rigid telescopic laryngoscopy showed adequate glottis space.

Conclusion: Endoscopic assisted lateropexy for bilateral abductor palsy, especially post thyroidectomy improves airway and the patients had acceptable voice quality. It should be encouraged even in low resource setting to ensure decanulation of tracheostomised patients following complicated thyroid surgeries. Most importantly, it is reversible.

Biography

Dr. A. M. Kirfi, had his basic medical education in Maiduguri Nigeria and his residency training in Otorhinolaryngology at the National Ear Care Center Kaduna Nigeria. He is the Head of Department of ORL at the ATBUTH Bauchi. He has over 30 publications in peer reviewed journals and has been cited over 50 times. He has a H index of 4 and he is a reviewer to many reputable journals.



12th International Conference on Otolaryngology: ENT Surgery, March 29, 2021

Citation: Abdullahi Musa Kirfi, Endoscopic assisted Lateropexy for Bilateral Abductor Paralysis in a Low Resource Setting: Report of two cases from Abubakar Tafawa Balewa university teaching hospital Bauchi, Otolaryngology 2021, 12th International Conference on Otolaryngology: ENT Surgery, March 29, 2021, Page-02