POST-THYROIDECTOMY VOCAL CORDS PARALYSIS DESPITE NORMAL INTRAOPERATIVE NEUROMONITORING OF THE LARYNGEAL NERVES DURING SURGERY

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Background

Recurrent laryngeal nerve (RLN) injury is one of the most common complications of thyroid surgery, affecting the patient's voice and the quality of life. Incidence of bilateral recurrent laryngeal nerve injury in total thyroidectomy oscillate between 5% without intraoperative neuromonitoring (IONM) to 2,4% with it.

Case Report

Female, 71 years old, undergoing total thyroidectomy for multinodular goitre. Intubation with NIM tube (**fig. 1**) was performed with videolaryngoscope to ensure it's perfect location (**fig. 2**). No injury of the RLN were observed. She was extubated in the OR successfully.

The day after surgery, she started with progressive dysphagia. Hours later she presented dysphonia and stridor. ENT performed a nasal fibrobronchoscopy that showed "bilateral paresis of vocal cords with important reduction of the air flow, but conserved". (**fig. 3**)

We intensify medical treatment with adrenaline nebulisations. The symptoms slowly disappeared in 2-3 days.

Fig. 1

Fig. 2

Fig. 3

Fig. 4

Discussion and Learning points

- The vocal cords paralysis is an important postoperative complication.
- It can occur even we have IONM.
- The key is to make an early diagnosis and set up treatment.

References

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