

Arytenoidektomia podśluzówkowa z laterofiksacją jako leczenie z wyboru w obustronnym porażeniu fałdów głosowych spowodowanym guzem płuca

Submucosal arytenoidectomy with laterofixation in the treatment of bilateral vocal fold paralysis following lung cancer

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Summary

Introduction: Submucosal arytenoidectomy is one of many surgical techniques used in the treatment of the median bilateral vocal fold paralysis. The technique evolved from the large extralaryngeal operation to the endoscopic, intralaryngeal procedure. Gradually it excluded tracheostomy from the methods of treatment of dyspnoea caused by bilateral vocal fold paralysis. **Materials and methods:** We present two patients with bilateral vocal fold paralysis with dyspnoea, caused by the neoplastic mass primarily localised in the left lung. In both cases the nonmicrocellular carcinoma was diagnosed. Both patients had the left recurrent laryngeal nerve palsy for more than 18 months and the right nerve palsy for 10—14 days before admission, with concomitant dyspnoea. **Results:** Both patients were successfully extubated, 24 hours after the operation. The breathing improved significantly. None of the patients had to be reintubated or tracheotomized. **Conclusions:** The Authors conclude, that the arytenoidectomy with laterofixation should be the method of choice in the treatment of the bilateral vocal fold paralysis caused by the lung cancer. The method does not exclude the upper airway from the respiratory tract which is of special importance for the patients with the lung problems.