BILATERAL VOCAL FOLD PARALYSIS

Episode 36.1

CAUSES

- Iatrogenic (surgical trauma) [55%]
- Malignancy [10%]
- Idiopathic [8%]
- Neurologic [7%]
- Intubation [10%]
- Nonsurgical trauma [2%]
- Other [8%]

EVALUATION

- Non-iatrogenic causes warrant further workup with CT or MRI
- Presentation very different from unilateral vocal fold paralysis --> SOB, stridor, normal voice quality. Urgently assess!
- Vocal folds drift midline after injury causing a slit-like glottis

Transnasal endoscopy:

Posterior glottic stenosis. Remaining cord shape resembles triangle

BVFP without stenosis. Glottic shape resembles ice cream cone

TREATMENT

- Management of AIRWAY: ETT preferred, gives time to consider surgery
- Temporizing surgical options
  1) Tracheostomy
  2) Laryngeal suture lateralization
  3) Botox injection (into thyroarytenoid muscle)
- Longterm surgical options
  4) Transverse cordotomy
  5) Laser arytenoidectomy
  6) Laryngeal pacing (stimulates cricoarytenoid muscle)
  7) Arytenoid abduction suture

Transnasal endoscopy:

Post-cordotomy