ARYTENOIDECTOMY VERSUS CORDOTOMY USING CARBON DIOXIDE LASER IN BILATERAL ABDUCTOR PARALYSIS


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Abstract

The present study was conducted to evaluate the endoscopic carbon dioxide laser as a method for treatment of patients suffering from bilateral abductor paralysis by comparing the results of two different surgical procedures. Forty patients with bilateral abductor paralysis following thyroidectomy operation were included in the study. Patients were operated upon by two surgical procedures using laser. Arytenoidectomy was performed to patients of group A (22 patients) and transverse cordotomy was performed to patients of group B (18 patients).

In group A (55% of all patients), the overall success rate was 73% (16 out of 22 patients). Four patients (18%) did not improve and were discharged with a tracheostomy. Aspiration was noticed in 2 patients (9%) immediately after arytenoidectomy and discharged with a tracheostomy tube. In group B (45% of all patients) the overall success rate was 66% (14 out of 18 patients). Four patients did not improve and were discharged with tracheostomy tubes. Two of these patients had previous cordectomy without improvement and the other two were suffering from chest troubles in the form of chronic chest infection.

Minimal voice loss occurs in this series and voice quality continues to improve 6 months postoperatively with voice therapy. There were no swallowing impairment, aspiration or cough-chok episodes. It could be concluded that endoscopic laser arytenoidectomy and transverse cordotomy are nearly equally effective and reliable in the management of the restricted airway and both maintained a good voice quality. However