

Arytenoid Dislocation as a Cause of Prolonged Hoarseness after Cervical Discectomy and Fusion

Abstract

Study Design Case series of two arytenoid dislocations after anterior cervical discectomy.

Objective To recognize arytenoid dislocation as a possible cause of prolonged hoarseness in patients after anterior cervical discectomies.

Summary of Background Data Prolonged hoarseness is a common postoperative complication after anterior cervical spine surgery. The etiology of prolonged postoperative hoarseness is usually related to a paresis of the recurrent laryngeal nerve. However, other causes of postoperative hoarseness may be overlooked in this clinical scenario. Other possible etiologies include pharyngeal and laryngeal trauma, hematoma and edema, injury of the superior laryngeal nerve, as well as arytenoid cartilage dislocation. Arytenoid dislocation is often misdiagnosed as vocal fold paresis due to recurrent or laryngeal nerve injury.

Methods We report two cases of arytenoid dislocation and review the literature on this pathology.

Results Two patients treated with anterior cervical discectomy and fusion experienced prolonged postoperative hoarseness. Arytenoid dislocation was confirmed by flexible fiber-optic laryngoscopy in both cases. The dislocations experienced spontaneous reduction at 6 weeks and 3 months postsurgery.

Conclusions Arytenoid dislocation must be considered in the differential diagnosis of prolonged postoperative hoarseness and evaluated for using direct laryngoscopy, computed tomography, or a laryngeal electromyography. Upon diagnosis, treatment must be considered immediately. Slight dislocations can reduce spontaneously without surgical intervention; however, operative intervention may be required at times.

杓狀軟骨脫位是頸椎間盤切除和融合後長時間聲音嘶啞的原因

研究設計 頸椎前路椎間盤鏡手術後杓狀軟骨脫位的兩個病例。

目的 為確認長時間聲音嘶啞的原因可能為患者頸椎前路椎間盤鏡手術後杓狀軟骨脫位。

背景資料摘要 長時間聲音嘶啞是一種常見的頸椎前路手術後的術後並發症。術後長時間聲音嘶啞的病因通常是與喉返神經輕度癱瘓有關。然而，在這項臨床的情況下，可能會忽略其他引起術後聲音嘶啞的原因。其他可能的病因包括咽和喉外傷，血腫及水腫，喉上神經損傷，以及杓狀軟骨脫位。杓狀軟骨脫位往往被誤診為因喉返神經損傷而導致聲帶輕度癱瘓。

方法 我們報告兩宗杓狀軟骨脫位的病例，並在此回顧有關此病理的文獻。

結果 兩名以頸椎前路椎間盤切除和融合的患者經歷了長期的術後聲音嘶啞。兩名患者都以靈活的光纖喉鏡證實了杓狀軟骨脫位。脫位分別在第 6 週和術後 3 個月自行復位。

結論 杓狀軟骨脫位必須考慮為術後長期聲音嘶啞的鑑別診斷和用直接喉鏡檢查，電腦斷層掃描，或喉肌電圖作評估。經診斷後必須立即考慮治療。輕微的脫位可以自行復位而無需進行手術，但有時亦可能需要手術。