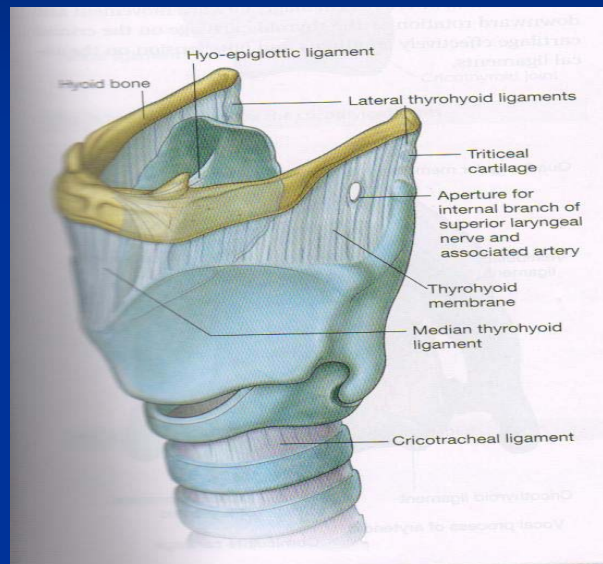


LARYNGEAL PARALYSIS



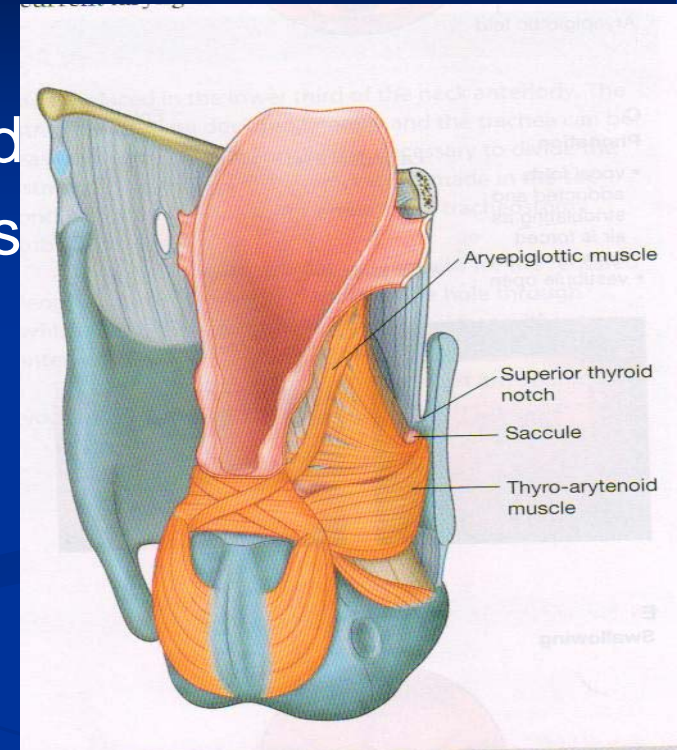
DR. ARJUN DASS
PROF. & HEAD
DEPT OF ENT
GMCH-32



MUSCLES OF LARYNX

■ Intrinsic

- Abductors : Post. Cricoarytenoid
- Adductors : Lat. Cricoarytenoids
Thyroarytenoids
Interarytenoids
- Tensor : Cricothyroid
Vocalis



■ Extrinsic:

- Elevators: Stylopharyngeus, salpingopharyngeus, palatopharyngeus, thyrohyoid
- Depressor: Sternohyoid, sternothyroid, Omohyoid

CLINICAL ANATOMY

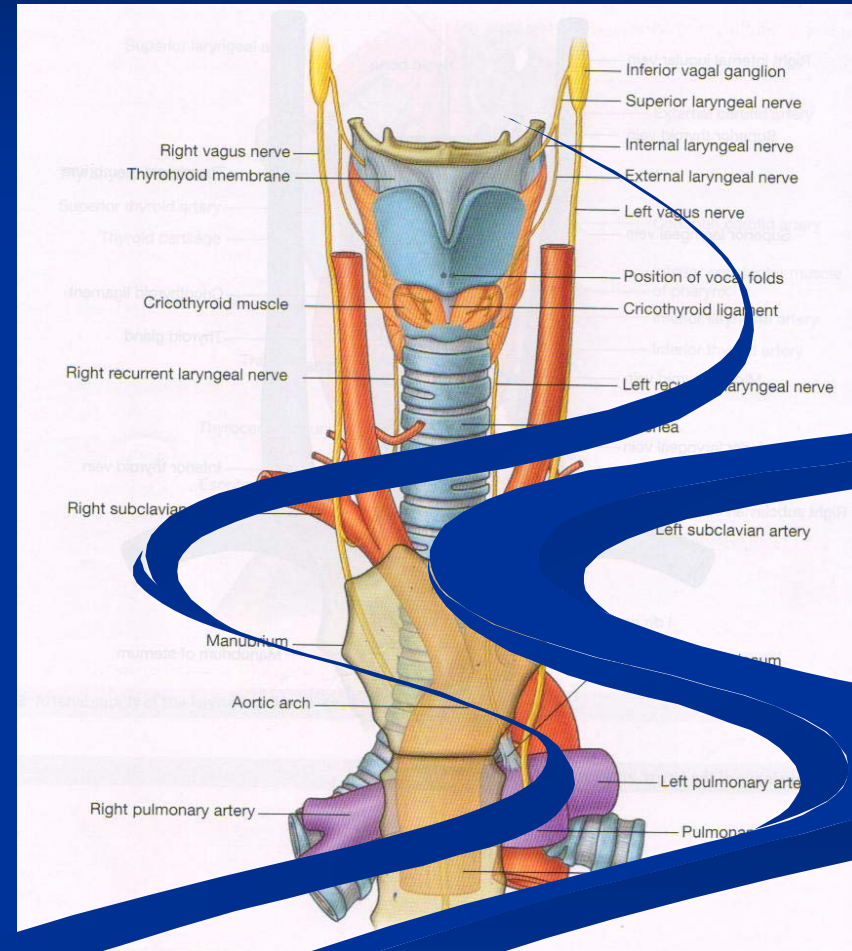
Nerve supply

■ Motor

- Recurrent Laryngeal nerve
- External Laryngeal Nerve

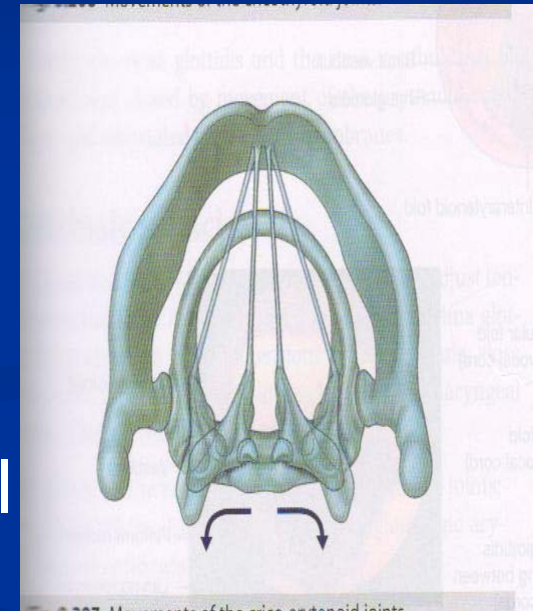
■ Sensory

- Internal Laryngeal Nerve
- Rec. Laryngeal Nerve



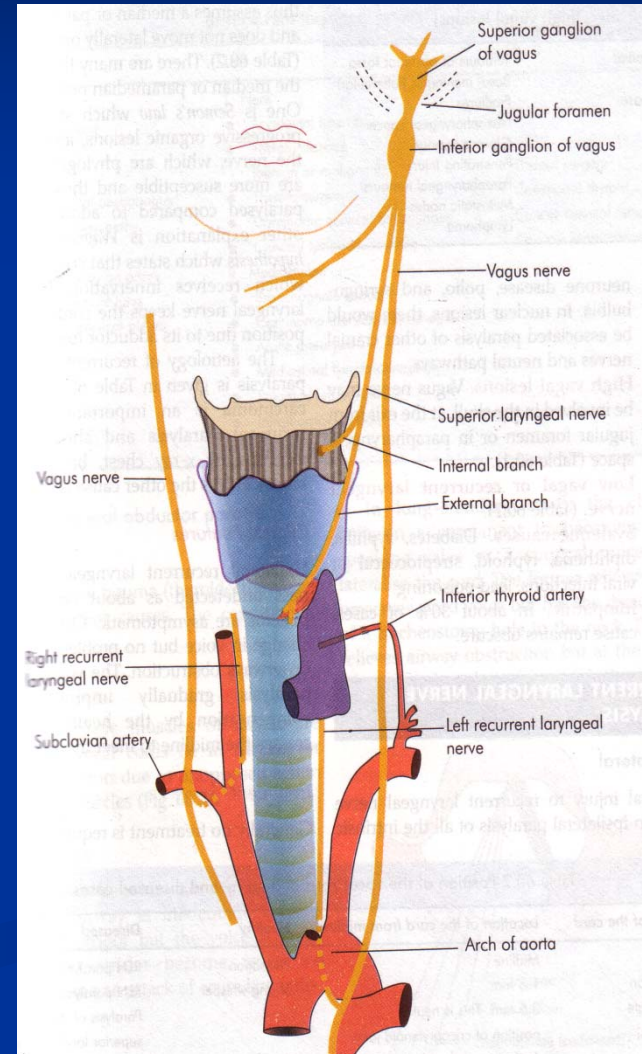
LARYNGEAL PARALYSIS

- Unilateral or Bilateral
- May involve
 - Recurrent Laryngeal Nerve
 - Superior laryngeal nerve
 - Both Rec. & Sup. Laryngeal (Combined paralysis)

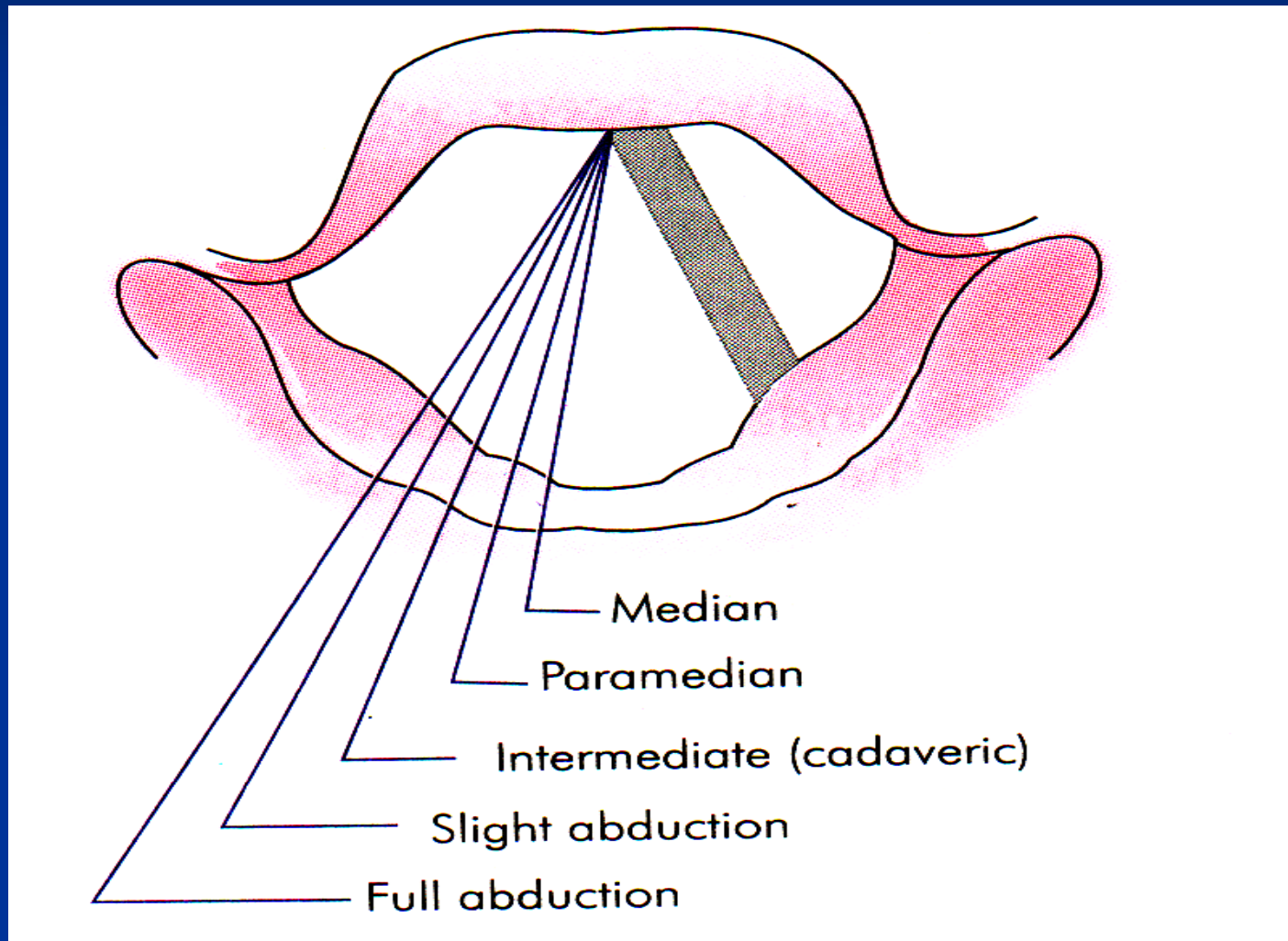


CAUSES OF RECURRENT LARYNGEAL NERVE PARALYSIS

- **IDIOPATHIC**
- **TRAUMA**
 - ACCIDENTAL
 - SURGICAL
- **INFLAMMATORY**
 - CERVICAL LYMPHADENITIS
 - MEDIASTINAL LYMPHADENITIS
 - TUBERCULOSIS OF CERVICAL PLEURA
- **NEOPLASM**
 - BENIGN THYROID DISEASE**
 - MALIGNANT THYROID DISEASE**
 - CARCINOMA ESOPHAGUS
 - CARCINOMA APEX LUNG
 - BRONCHOGENIC CARCINOMA
- **SYSTEMIC DISEASES**
 - DIABETES, DIPHTERIA, SYPHILIS, LEAD POISONING
- **MISCELLANEOUS**
 - ANEURYSM OF SUBCLAVIAN ART
 - ENLARGED LEFT AURICLE



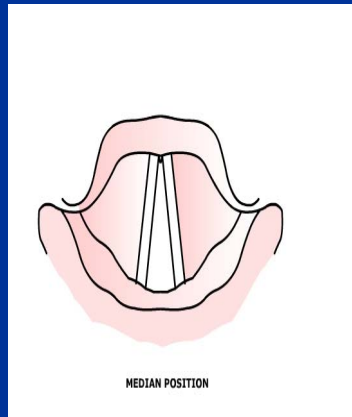
VARIOUS POSITIONS OF VOCAL CORDS



RECURRENT LARYNGEAL NERVE PARALYSIS

UNILATERAL

- NO SYMPTOMS
- CHANGE IN VOICE
- VOCAL CORD IN MEDIAN OR PARAMEDIAN POSITION



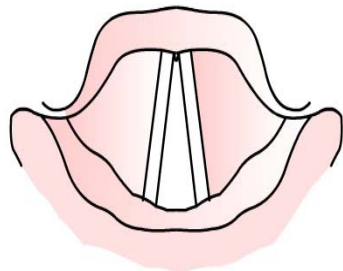
BILATERAL

- STRIDOR
- DYSPNOEA WORSE ON EXERTION OR ACUTE INFECTION
- VOCAL CORDS IN MEDIAN OR PARAMEDIAN POSITION

TREATMENT

UNILATERAL

- NO TREATMENT
- SPEECH THERAPY



MEDIAN POSITION

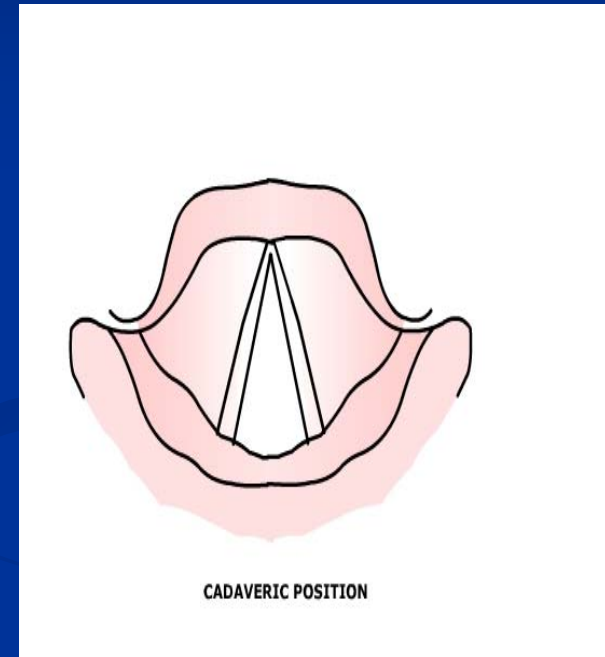
BILATERAL

- ACUTE CASES
TRACHEOSTOMY
- CHRONIC CASES
TRACHEOSTOMY
SPEAKING VALVE
LATERALISATION OF CORDS
BY ARYTENOIDECTOMY
CORDECTOMY
NERVE MUSCLE IMPLANT

COMPLETE PARALYSIS

UNILATERAL

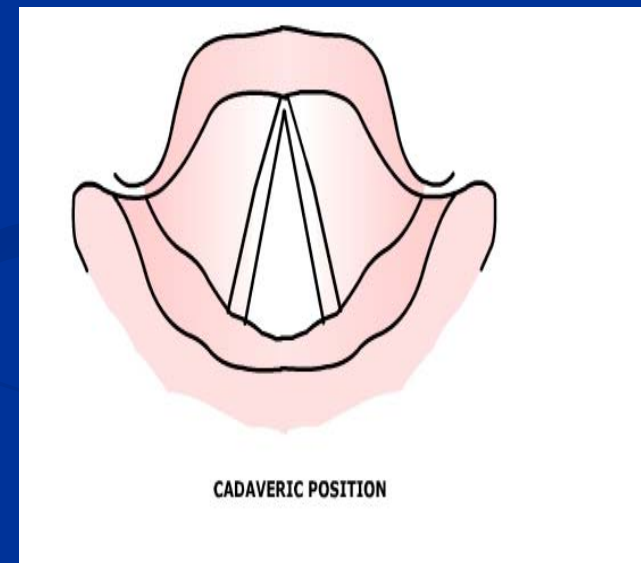
- HOARSENESS
- ASPIRATION OF LIQUIDS
- COUGH INEFFECTIVE
- VOCAL CORD IN CADAVERIC POSITION
- GLOTTIC INCOMPETENCE



COMPLETE PARALYSIS

BILATERAL

- APHONIA
- ASPIRATION
- INABILITY TO COUGH
- VOCAL CORDS IN
CADAVERIC POSITION
- BRONCHOPNEUMONIA



TREATMENT

UNILATERAL

- SPEECH THERAPY
- MEDIALISATION OF CORD

TEFLON PASTE

*MUSCLE/CARTILAGE
IMPLANT*

*ARTHRODESIS OF
CRICO ARYTENOID JT*

BILATERAL

- TRACHEOSTOMY
- EPIGLOTTOPEXY
- VOCAL CORD
PLICATION
- TOTAL
LARYNGECTOMY

SUPERIOR LARYNGEAL PALSY

CONGENITAL PALSY

PHONOSURGERY

Procedure designed to improve the voice quality

Various procedures are:

1. Excision of Benign or malignant mass
2. Injection of cord with teflon or gelfoam
3. **Thyroplasty** :-

Type 1	Medialization of cords
Type 2	Lateralization
Type 3	Shortening
Type 4	Lengthening



THANKS