Pharyngolaryngeal reflux simulating vocal fold paralysis hoarseness following total thyroidectomy

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OBJECTIVE

Recognize potential “rare” cause of hoarseness following thyroid surgery

CASE REPORT

- 69 year old man
- History of Systemic Multifocal Fibrosclerosis (with Riedel thyroiditis) → total thyroidectomy in February 2011
- Presented to ENT with hoarseness and aspiration episodes few days after total thyroidectomy
- Reflux Symptom Index (Koufman): 30

Endoscopic laryngoscopy: exuberant pharyngolaryngeal reflux with consequent oedema and redundancy of arytenoid mucosa. Symetric mobility of the vocal folds.
- Reflux finding score (Koufman): 15
- Upper GI endoscopy: Inflammation of the esophagus suggesting gastroesophageal reflux and gastritis

Figure 3 and 4 – laryngoscopy six month after treatment

Six month after treatment:
- Reduction of hoarseness and aspiration episodes
- Endoscopic laryngoscopy: reduction of pharyngolaryngeal oedema and redundancy of arytenoids
- Reflux finding score (Koufman): 8

The worsening dysphonia after total thyroidectomy leads to suspicion of iatrogenic vocal fold paresis
- The vocal fold preserved mobility, associated with signs of exuberant pharyngolaryngeal reflux with extensive mucosal damage reveals an unsuspected cause of hoarseness
- The authors postulate that post-operative changes in esophageal sphincter pressure may have triggered reflux

REFERENCES:

- Jamie A. Koufman, Silent Laryngopharyngeal Reflux (LPR): an overview, Voice Institute of New York