Office Based Injection Pharyngoplasty: Technique, Indications, and Initial Experience in Adult Patients

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Methods

• 4 adult patients received office-based injection pharyngoplasty with calcium hydroxyapatite (CaHa)
• 3 with acute etiologies with potential for recovery
• 1 with prior radiation precluding surgery
• Retrospective review of records
• All patient’s were evaluated with nasopharyngoscopy
• Velopharyngeal incompetence was directly visualized and recorded.

Results

• 3 patients experienced symptom reduction after injection pharyngoplasty
  • Symptomatic control during a period of recovery from another disease process
• 1 patient did not benefit from the procedure
  • Nonsurgical candidate
  • Post-radiation with extensive oropharyngeal fibrosis and scarring
  • Fibrotic tissue did not respond well to injection

Discussion

• Small case series
• Evidence that this procedure offers symptomatic relief to some patients
• Larger studies or trials required to determine rates of success
• Tissue characteristics may limit efficacy
  • Fibrotic, post-radiation pharyngeal mucosa was easily torn with extravasation of CaHa
• Procedure is generally well tolerated
  • Acceptable alternative for patients wishing to avoid general anesthesia

References


Introduction

• Velopharyngeal Insufficiency (VPI) most common in children with cleft palate
• Etiology diverse in adult patients
  • Childhood palate surgery
  • Degenerative Neuromuscular disorders
  • Post-radiation or post-surgical complications
  • Adult VPI has significant morbidity
• Hypernasal speech
• Nasopharyngeal reflux
• Dysphagia
• Traditional therapeutic options
  • Surgical intervention (most commonly for cleft palate)
  • Injection pharyngoplasty in the operating room
• We present an adult office-based injection pharyngoplasty technique with initial experiences and indications

Conclusions

• Office-based injection pharyngoplasty should be considered for symptomatic control in VPI in adult patients with recovering/temporary pathology
• Further research will be required to assess the utility of this procedure for patients who are not surgical candidates
• Promising approach to temporizing adult VPI patients during recovery