

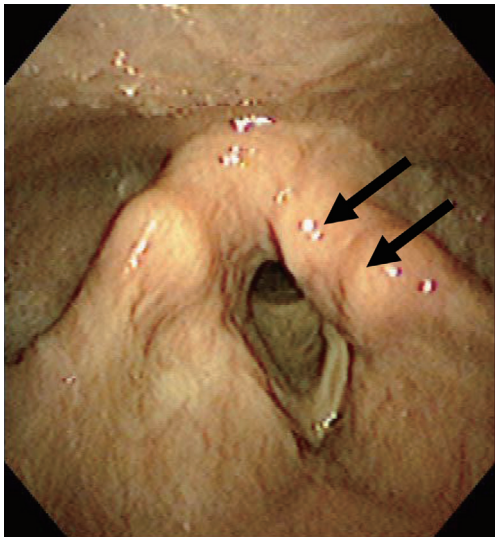
Hoarseness and Aortic Arch Dissection

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Key words: aortic arch dissection, cardiovocal syndrome, hoarseness, left recurrent laryngeal nerve paralysis

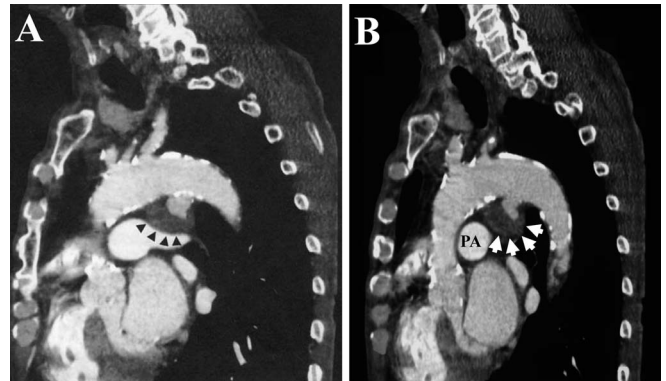
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Picture 1.

A 71-year-old man presented with deteriorating renal function. Hoarseness of his voice had been noted about one year earlier. He had never experienced severe chest or back pain of a tearing nature. His medical history was significant for chronic renal failure secondary to diabetic nephropathy. Laryngoscopy showed left vocal cord palsy (Picture 1). A contrast-enhanced computed tomographic scan revealed



Picture 2.

thrombosed aortic arch dissection and compressed left pulmonary artery (Picture 2). Cardiovascular syndrome is the clinical entity of hoarseness due to left recurrent laryngeal nerve (LRLN) palsy caused by cardiovascular disease (1). It was suggested that LRLN palsy was caused by the compression of the nerve between the left pulmonary artery and the aorta and/or the stretching of the nerve around a slowly expanding aortic arch. He remained untreated with operation because of the risk and general condition. At the 3-months follow-up visit, he was doing well on maintenance hemodialysis. Thrombotic obliteration of the aneurysm may result in stabilization.

References

1. Stocker HH, Enterline HT. "Cardio-vocal syndrome": laryngeal paralysis in intrinsic heart disease. *Am Heart J* 56: 51-59, 1958.

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