Cardiovocal Syndrome Secondary to Aortic Aneurysm - Case report
Chien-Mei Chen¹, Pin-Zhir Chao¹, Tsung-Ming Chen¹, Wei-Hsuan Chan¹,
Wei-Han Lee¹, Tsung-Wei Liu¹, Hsing-Won Wang¹,²
¹Department of Otolaryngology, Shuang Ho Hospital, Taipei Medical University,
²Graduate Institute of Clinical Medicine, College of Medicine, Taipei Medical University

Introduction

Nobert Ortner first described hoarseness, which resulted from left recurrent laryngeal nerve palsy, in three patients with severe mitral stenosis in 1897¹. Later in 1958, Stocker & Enterline further identified that hoarseness attributable to recurrent laryngeal nerve paralysis caused by cardiovascular disease as cardiovocal syndrome².

Case report

A 68-year-old man presented to the ENT out-patient department complained of hoarseness for more then 10 months. He denied symptoms of choking or dysphagia. He had history of coronary artery bypass graft surgery 4-5 years ago at Far-East Hospital. He had regular follow-up in another medical facility since then. Clinical exam identified left vocal palsy in the paramedian position and atrophic corditis (Fig. 1.). Laryngoplasty was planned. However, chest radiography revealed a large bulging contour overlying aorta and left hilar shadow (Fig. 2.). Aortic aneurysm was highly suspected. Contrast-enhanced chest computed tomography for further evaluation showed a broad-based aortic aneurysm at proximal descending aorta, projecting anterolaterally, just distal to left subclavian artery orifice, about 6.9cm in largest dimension with mural thrombus (Fig. 3-1, 2.). After explaining to patient and family, they’ve decided to go to Far-East Hospital for aneurysm management.

Discussion

Cardiovocal syndrome is a rare clinical presentation. While a patient with unilateral vocal palsy is encountered, one might keep in mind the possibility of cardiovocal syndrome especially in an adult with cardiovascular disease or in an infant since the vocal palsy might be reversible after disease correction.

Reference