

Laryngeal obstruction

Inducible laryngeal obstruction has been described under at least 40 different monikers, including vocal cord dysfunction, paroxysmal vocal fold motion, and irritable larynx. The etiology of this condition is believed to be laryngeal hyperactivity in response to psychological issues or acid reflux. Most patients are treated with some combination of proton pump inhibitors, speech therapy, and psychotherapy. However, a small cohort of patients remains refractory to all medical interventions.

Honey et al., describe a novel condition, [hemilaryngopharyngeal spasm](#) (HELPS), which can cause severe episodic stridor leading to unconsciousness in association with cough. The first recognized and surgically cured patient with HELPS was reported in an earlier issue of the Journal of Neurosurgery. Three additional patients have been followed up for at least a year postoperatively.

Each patient presented with a similar pattern of episodic coughing and choking that increased in frequency, severity, and duration over years. The episodes eventually occurred while sleeping and could cause severe stridor with loss of consciousness. All three patients were initially misdiagnosed with a psychiatric illness and subjected to multiple intubations and one tracheostomy. Unilateral botulinum toxin injections in the vocal fold eased the severity of the throat contractions but not the cough. Magnetic resonance imaging showed a looping [posterior inferior cerebellar artery](#) juxtaposed to a [vagus nerve](#) in each case. Microvascular decompression (MVD) of that vessel relieved all symptoms. The introduction of this new medical condition may help a small cohort of patients with inducible laryngeal obstructions that have not responded to the current standard treatments. Patients are asymptomatic between episodes of progressively severe coughing and choking with stridor that may lead to intubation. Severe [anxiety](#) about the unpredictable symptoms is expected and may contribute to a psychiatric misdiagnosis. [Microvascular decompression](#) for HELPS is more difficult than that for trigeminal neuralgia because the involved nerve is more susceptible to manipulation. Ultimately, the final proof that HELPS is a real and distinct syndrome will require its recognition and successful treatment by colleagues around the world ¹⁾.

¹⁾

Honey CR, Morrison MD, Heran MKS, Dhaliwal BS. Hemi-laryngopharyngeal spasm as a novel cause of inducible laryngeal obstruction with a surgical cure: report of 3 cases. J Neurosurg. 2018 Jul 20:1-5. doi: 10.3171/2018.2.JNS172952. [Epub ahead of print] PubMed PMID: 30028264.

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