In this article, we present a case of recurrent laryngeal nerve palsy not caused by nerve injury but due to local anesthetic infiltration that was applied prior to central venous catheterisation” Pamukçu Günaydin et al (2017).

Abstract:
In this article, we present a case of recurrent laryngeal nerve palsy not caused by nerve injury but due to local anesthetic infiltration that was applied prior to central venous catheterization. A 47-year-old female patient was admitted to emergency room with fatigue and nausea and was diagnosed with acute renal failure.

Right jugular venous catheterization was performed for emergency hemodialysis with Seldinger technique using middle approach. Within minutes and immediately after the procedure the patient complained of hoarseness and shortness of breath, and she had stridor in her physical exam. Awake flexible fibreoptic laryngoscopy revealed unilateral right-sided vocal cord paralysis with no edema. The patient was asked to remain nil per os and observed in ER with nasal oxygen. At the 3rd hour of follow-up without any other intervention, her symptoms resolved. Due to its proximity to the internal jugular vein injury to the recurrent laryngeal nerve while attempting to insert a central venous line can occur, particularly with difficult and repeated attempts. Local anesthesia led temporary ipsilateral vocal cord paralysis in patients undergoing carotid endarterectomy is described in literature. We think temporary vocal cord palsy in our case was due to local anesthetic infiltration rather than nerve injury, since it resolved spontaneously within only hours. Expectant treatment is a good choice ensuring the patient’s airway is safe. Emergency physicians should be aware of this rare complication and its right management.

Reference:

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