

# BILATERAL ABDUCTOR VOCAL FOLD PARALYSIS: A CASE REPORT

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## Introduction:

- Bilateral abductor vocal fold paralysis is the failure of vocal cords to abduct resulting from denervation of recurrent laryngeal branch of vagus nerve
- Bilateral abductor paralysis is a rare but life-threatening condition which may require an emergency tracheostomy procedure
- Individuals with this condition present either respiratory, phonatory problems and both



Inhalation

Exhalation

## Aim:

- To highlight on the nature of bilateral abductor vocal fold paralysis and its voice rehabilitation

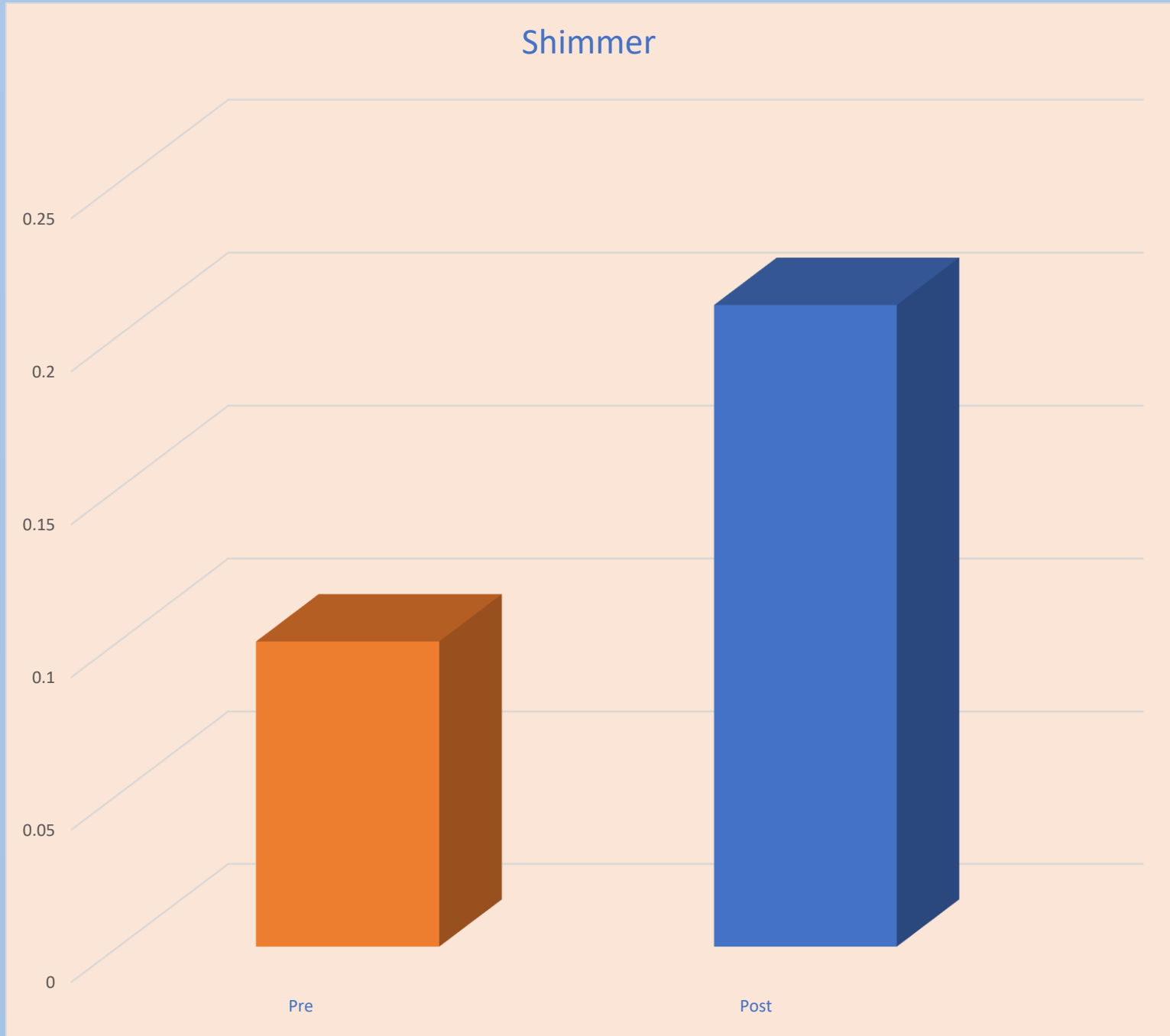
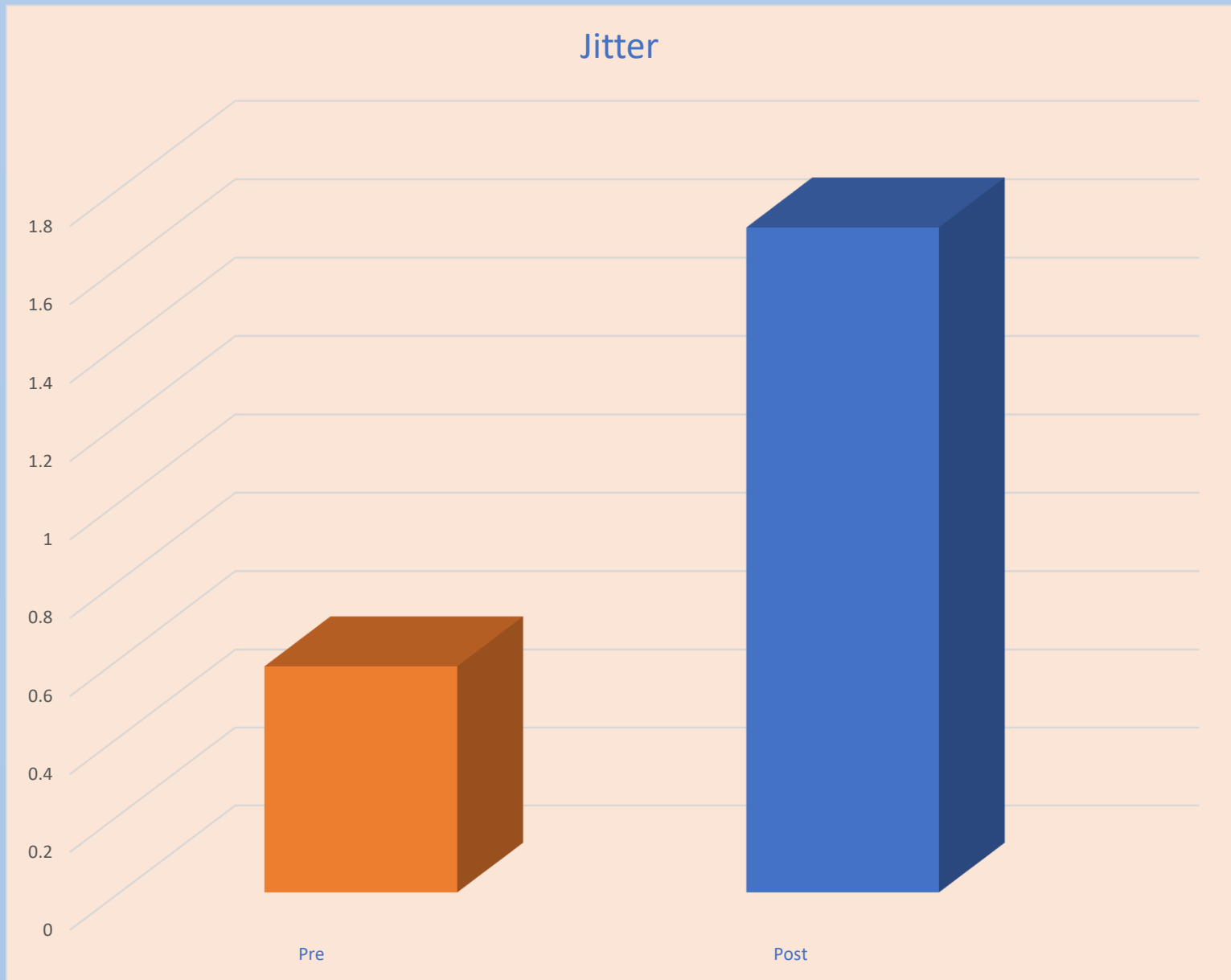
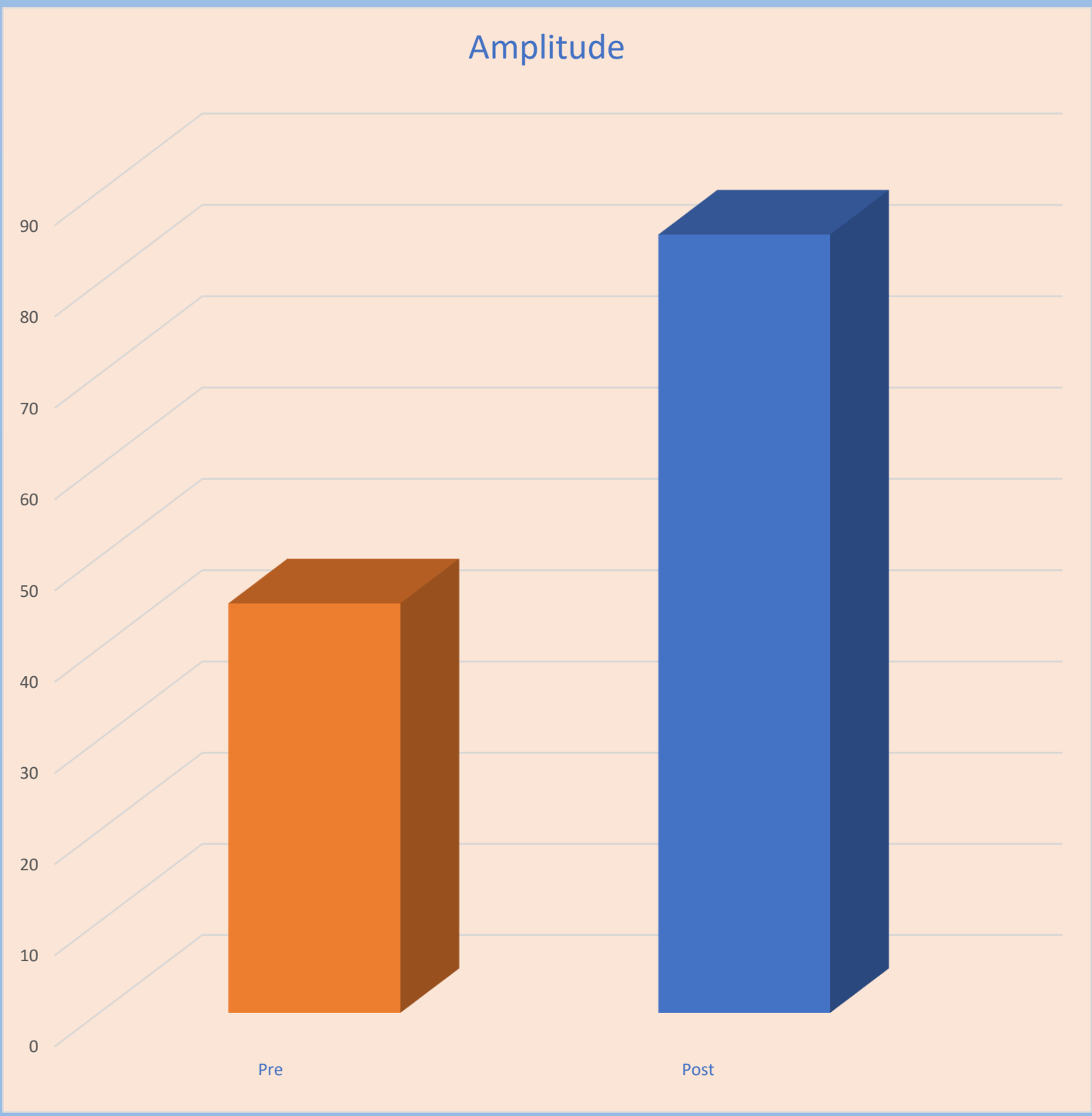
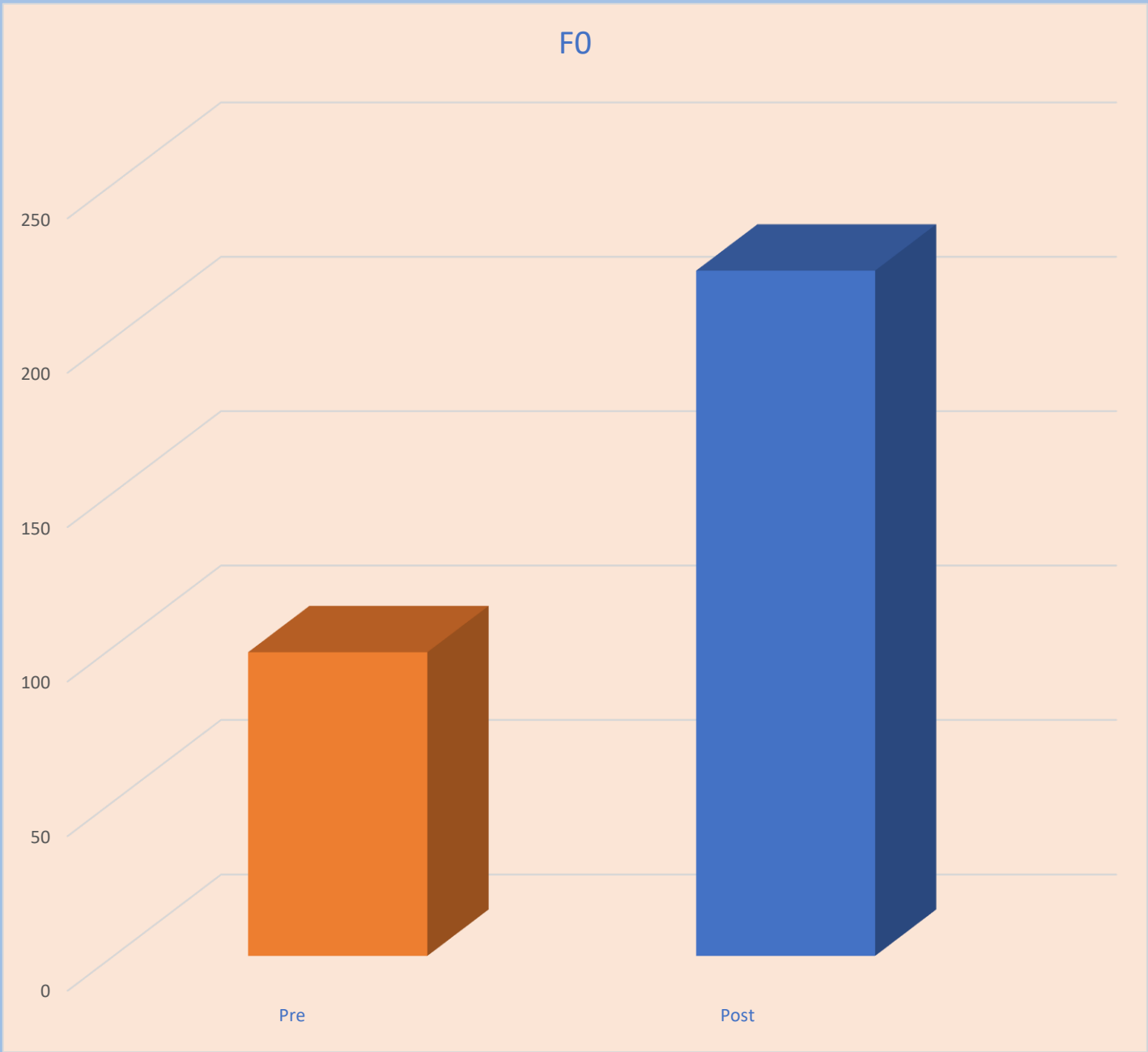
## Method:

- Participant – 44 year / female came with c/o no voice output post total thyroidectomy
- K/C/O post total thyroidectomy and tracheostomy (developed stridor) hypertension and high blood sugar
- Detailed voice evaluation – case history, phonatory evaluation video stroboscopy, objective and subjective voice evaluation
- Voice rehabilitation - relaxation exercise, breathing exercises and resonant improvement exercises

## Results:

		Pre therapy	Post therapy
Clinician based			
MPD	/a/	3 sec	13 sec
	/i/	6 sec	17sec
	/u/	5 sec	16sec
s/z ratio		S = 8, Z = 0	1.18 (S = 19, z = 16)
GRBAS rating scale	G	3	1
	R	0	0
	B	3	0
	A	3	0
	S	2	1
Client based			
VHI		50	16
VRQOL		112	6
Impression		Severe breathy voice quality	Mild strained voice quality

## Acoustic Analysis:



- B/L VC remain weakly adducted in the midline position
- Vibration during inhalation or exhalation
- Improvement in voice - strictly followed HTP
- Clinician based – overall improvement in voice quality
- Client based – improvement in quality of life

## Conclusion:

- Improvement in these areas depends on the extend of the lesion to the recurrent laryngeal nerve
- Improvement in phonatory and respiratory - patient was very satisfied.
- To comment on the prognosis of voice more cases studies and clinical trial are warranted to support the above study.

## References :

