Rare Manifestation of Para-oesophageal Hernia
Vocal Cord Paralysis Secondary to Gaint Para-oesophageal Hiatal Hernia

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Introduction

• Hiatal hernias, characterized by the protrusion of a portion of the stomach through the diaphragmatic hiatus into the thoracic cavity, can give rise to a myriad of clinical presentations.

• One of the rare complications associated with large hiatal hernias is the compression or impingement of adjacent anatomical structures, such as the left recurrent laryngeal nerve.

• We report the case of a patient who presented with severe dysphonia as a consequence of a giant hiatal hernia that was paralyzing the patient’s vocal folds.

Case

• ENT recommended vocal cord injections for symptomatic improvement while general surgery recommended laparoscopic repair of the large para esophageal hiatal hernia. Patient preference aligned with laparoscopic correction of the para-esophageal hernia, potentially coupled with fundoplication. On one month follow up after the laparoscopic intervention, patient reported significant improvement in the dysphonia and dysphagia symptoms.

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Discussion

• Para-esophageal hernias exhibit a wide array of clinical presentations depending on anatomical displacement and functional compromise. In our case, the patient presented a cluster of common symptoms: heartburn, choking, and dyspnea. Although the link between giant hiatal hernias and vocal cord paralysis is rarely reported, such hernias could compress the inferior or recurrent laryngeal nerves, causing paralysis. GERD, stemming from compromised lower esophageal sphincter function, underpins heartburn.

• Infrequent choking episodes stem from herniated stomach pressure on adjacent structures. Hernias extending into the pulmonary space contribute to dyspnea. While cases of hernia-related vocal cord paralysis are scarcely documented, some instances have been reported. Treatment options depend on individual factors, with surgical intervention for underlying hernias and management of associated disorders.

Conclusion

• We suggest considering hiatal or large para-esophageal hernias as a potential contributor to unilateral or bilateral vocal cord paralysis. This condition should be considered among the potential diagnoses for patients presenting with laryngeal paralysis.

References