

Larynx hemiplegia in dogs

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INTRODUCTION

Larynx hemiplegia is the paralysis of one of the laryngeal sides, but the paralysis can also be bilateral. It produces an abduction of the arytenoid cartilages and a respiratory obstruction.

OBJECTIVES

- To make a comparison between bibliography and the reality in UAB’s HCV.
- To analyse the future of the larynx hemiplegia treatment.

TREATMENT

- **Unilateral arytenoid lateralization**
- Ventriculocordectomy
- Partial arytenoidectomy
- Reinnervation
- Traqueotomy

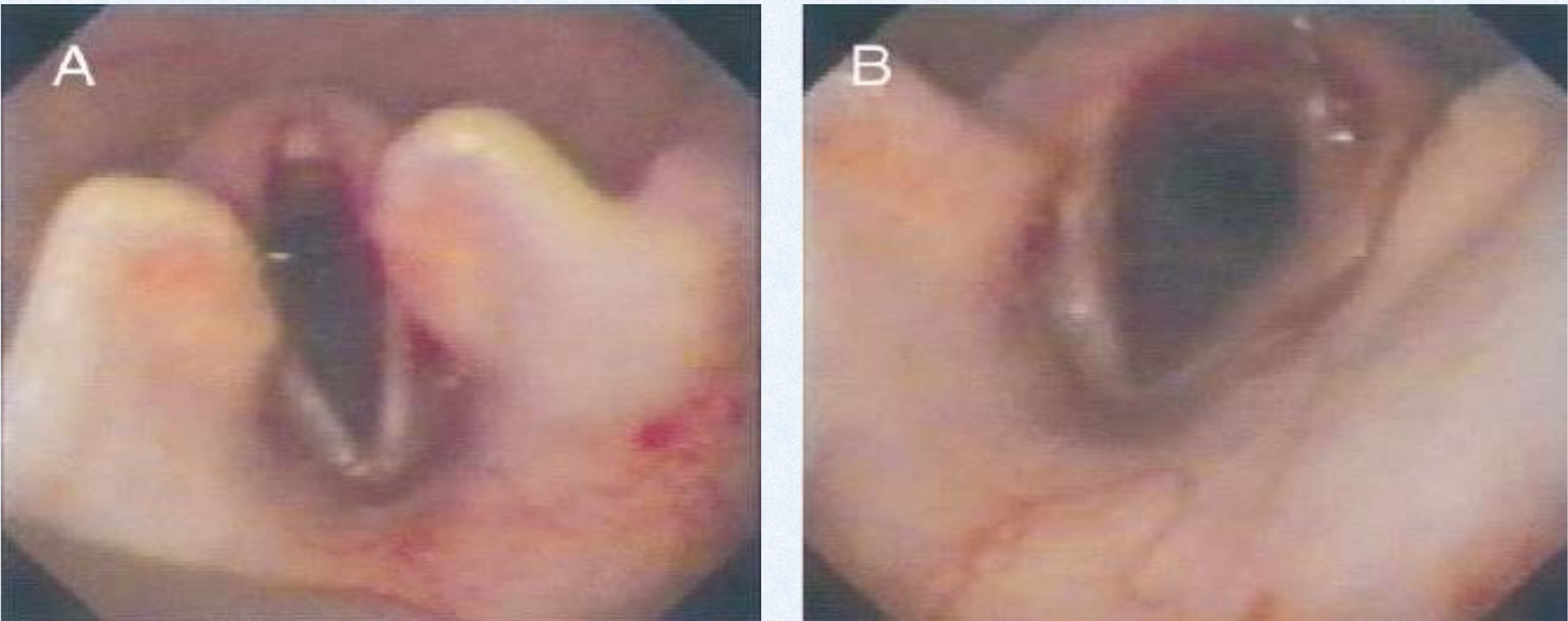


Figure 1. Video – endoscopic images showing preoperative area of the *rima glottidis* (A) compared with postoperative area (B) after cricoarytenoid lateralization (Griffiths et al. 2001).

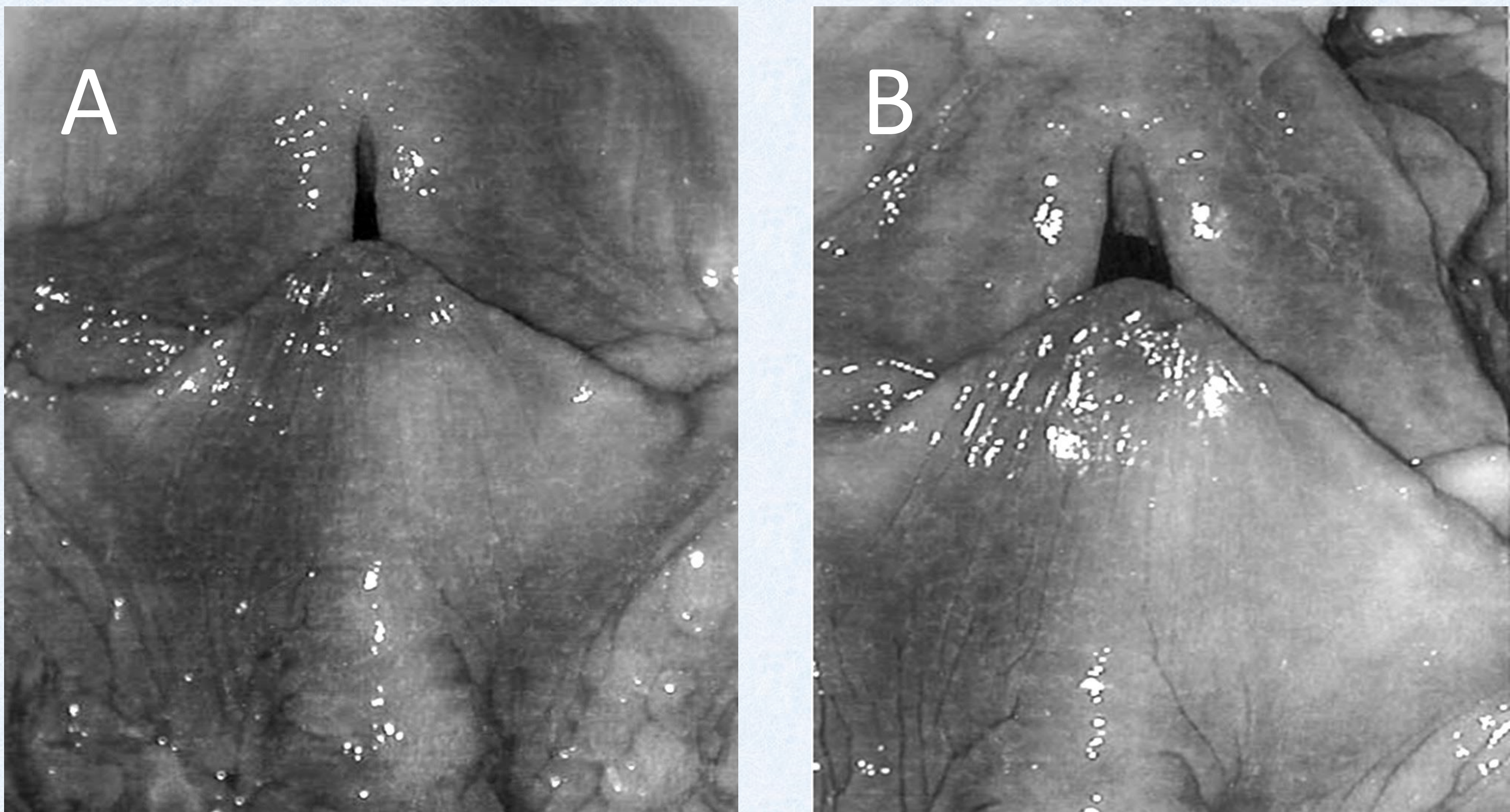


Figure 2. Normal canine cadaveric larynx (A) compared with a canine cadaveric larynx after a low tension suture unilateral arytenoid lateralization (B) (Bureau and Monnet, 2002).

COMPLICATIONS

- **Aspiration pneumonia**
- Respiratory distress
- Cough
- Exercise intolerance
- Seroma formation
- Vomiting
- Gagging
- Surgery failure
- Infection
- Scar formation
- Hematoma

Case	Age	Weight	Complications
1	5y	19,8 kg	Death by deviated swallow
2	14y	17 kg	Cough, possibly aspiration pneumonia
3	11y	30,8 kg	Cough
4	12y	25 kg	None
5	8m	16 kg	None
6	13y	19,2 kg	Hematoma, cough crisis, drowning
7	7y	11,4 kg	Permanent tracheotomy
8	8y	52 kg	Seroma, subcutaneous fibrosis

Table 1. Cases in UAB’s HCV in the last two years.

CONCLUSIONS

- Target: more investigation to reduce aspiration pneumonia rate
- Best option: unilateral arytenoid lateralization + direct observation
- UAB’s HCV is doing a correct performance