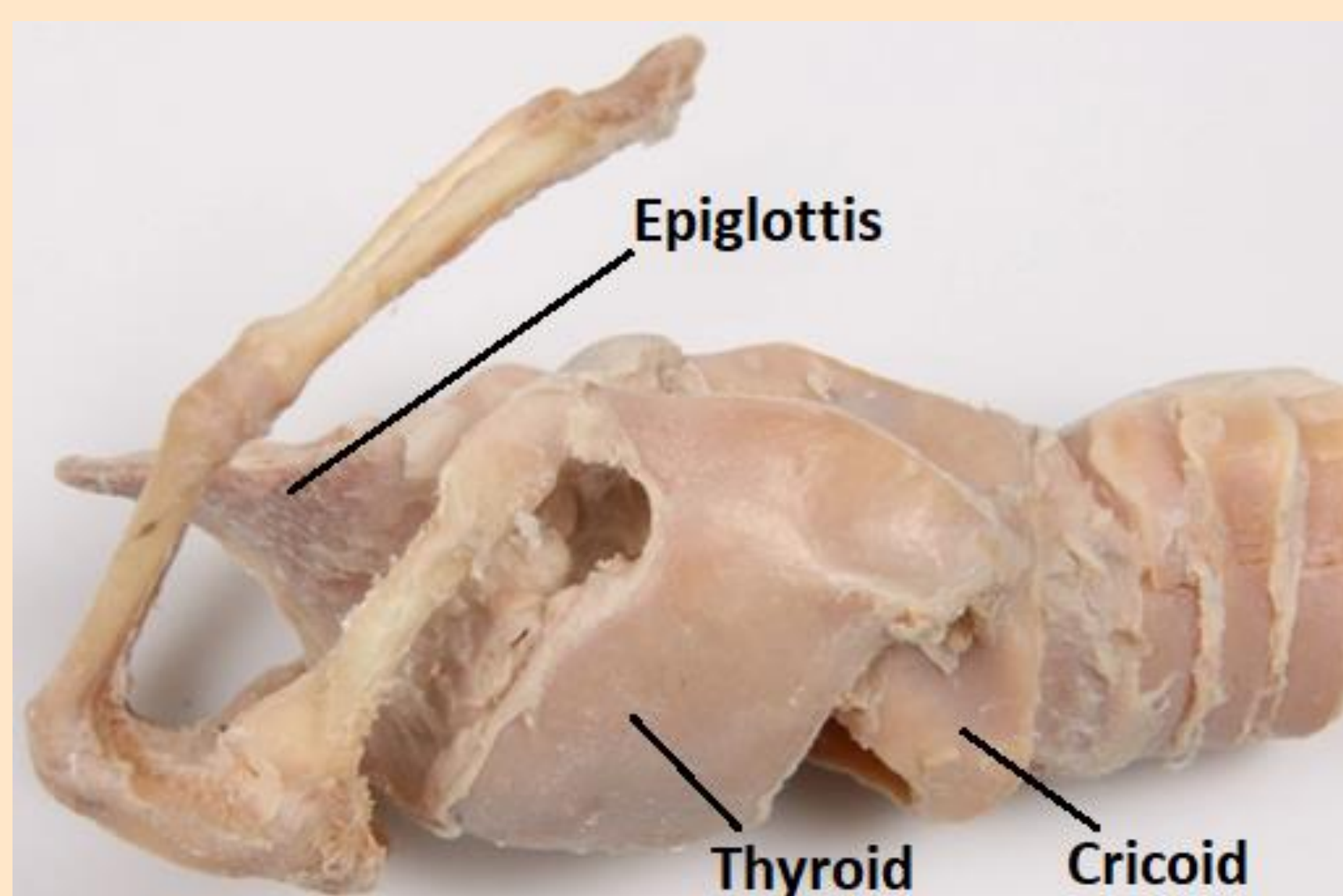
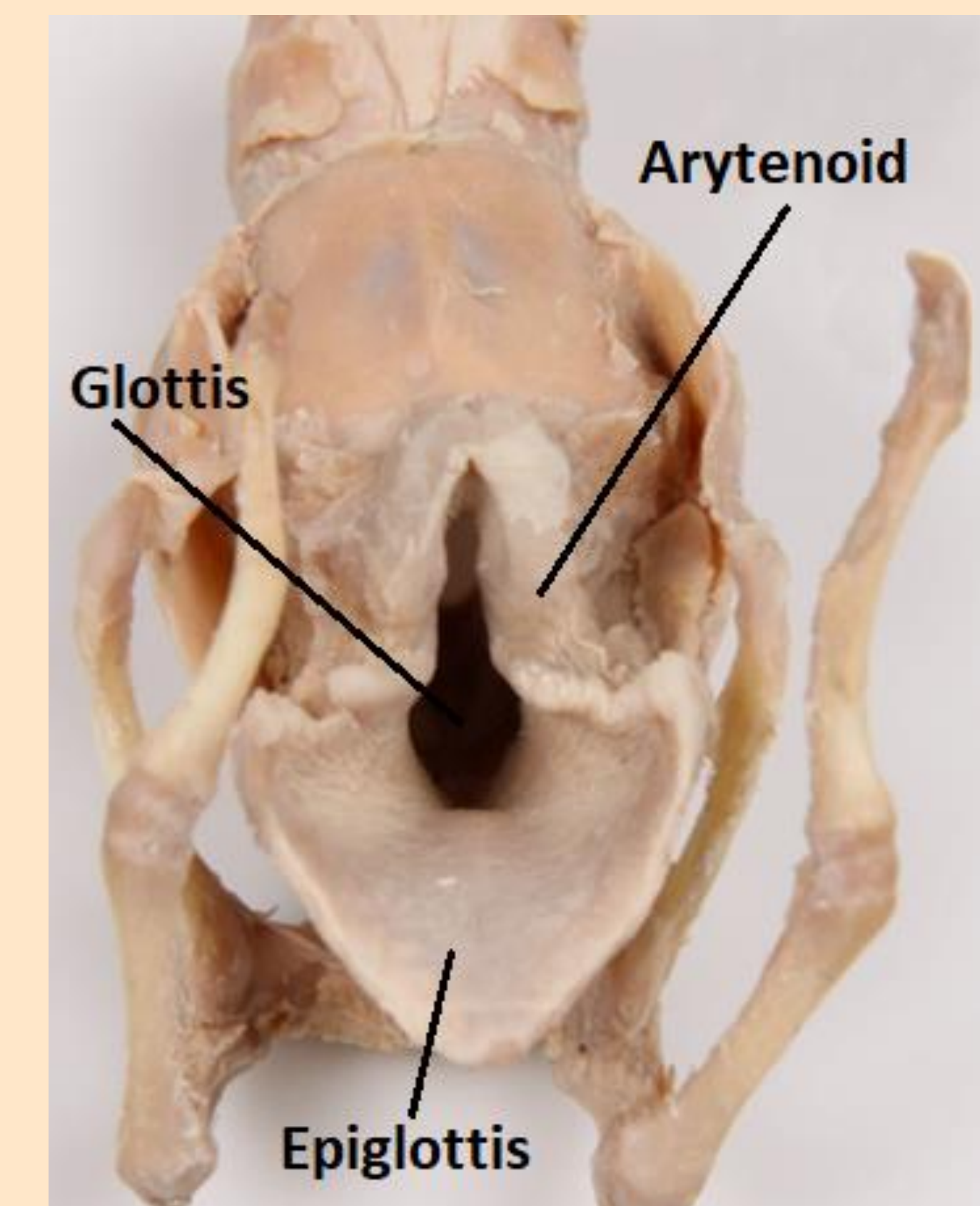
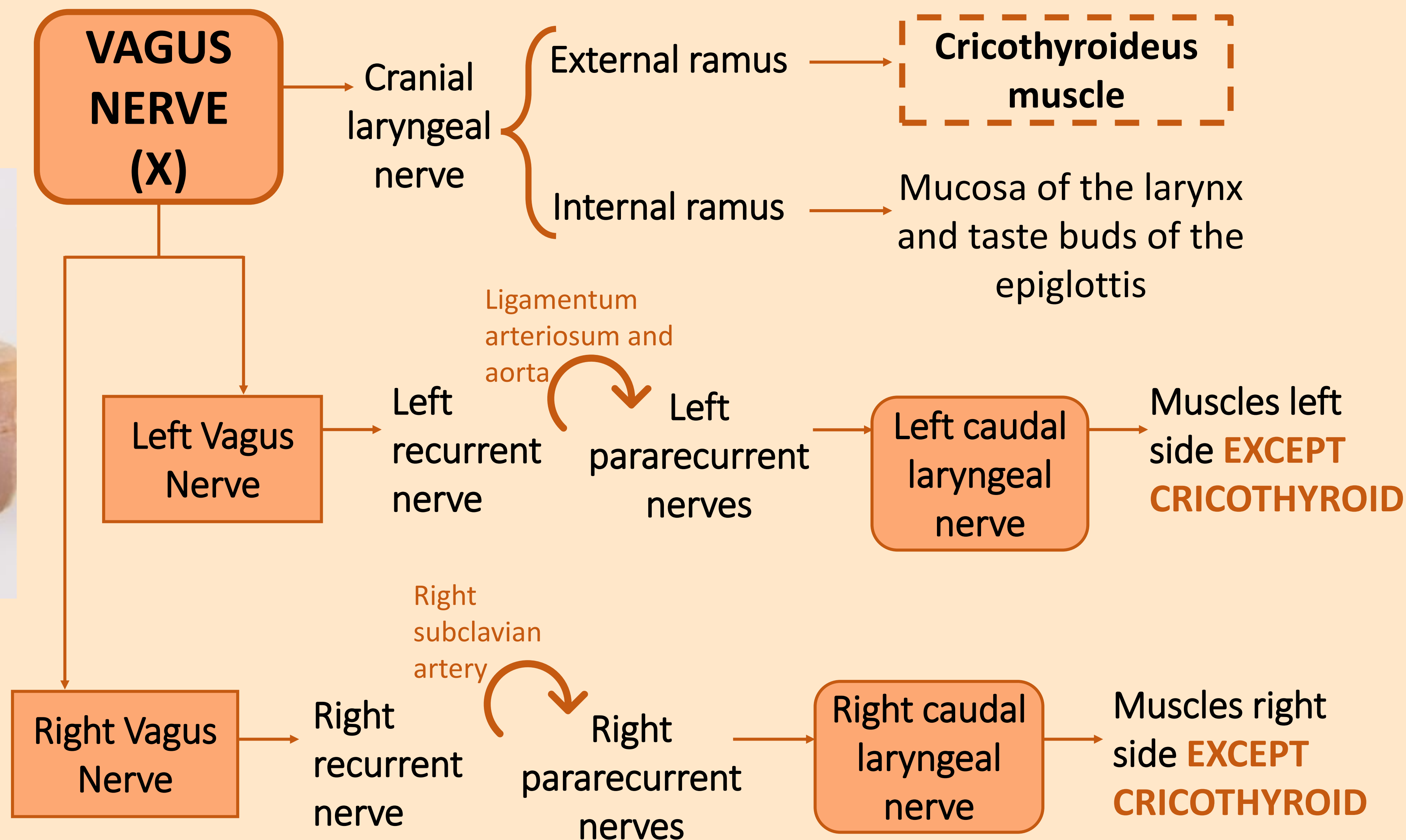


MUSCULOCARTILAGINOUS ORGAN → Cartilages + Muscles + Nerves



Lateral and craniocaudal views of laryngeal cartilages, anatomical position (Mod. Aige Gil 2022)



Etiology

Uni/bilateral
Dogs > 9 years, large/giant breeds

CONGENITAL	ACQUIRED
Genetic trait <ul style="list-style-type: none"> Bouvier des Flandres Siberian Husky* Bull Terrier* White German Sheperd* 	Trauma <ul style="list-style-type: none"> Accidental trauma Iatrogenic trauma
Polyneuropathy complex <ul style="list-style-type: none"> Dalmatian Rottweiler Pyrenean Mountain Dog Leonberger Galgo American Staffordshire T. * 	Neuromuscular disease <ul style="list-style-type: none"> Geriatric Endocrinopathy (hypothyroidism) Immune-mediated Myasthenia gravis Polymyopathy Toxin
	Neoplasia

*Suspected inheritance

IDIOPATHIC IN MOST CASES

Clinical features

Failure of the arytenoid cartilages to abduct during inspiration → **obstruction**

- Voice change
- Mild cough
- Retching
- Noisy inspiratory breathing
- Exercise intolerance
- Weakness in hind limbs (peripheral neuropathy)
- Secondary aspiration pneumonia



LL & VD thoracic radiographs of a dog showing a severe alveolar pattern in right lung lobes indicating aspiration pneumonia (MacPhail 2020)

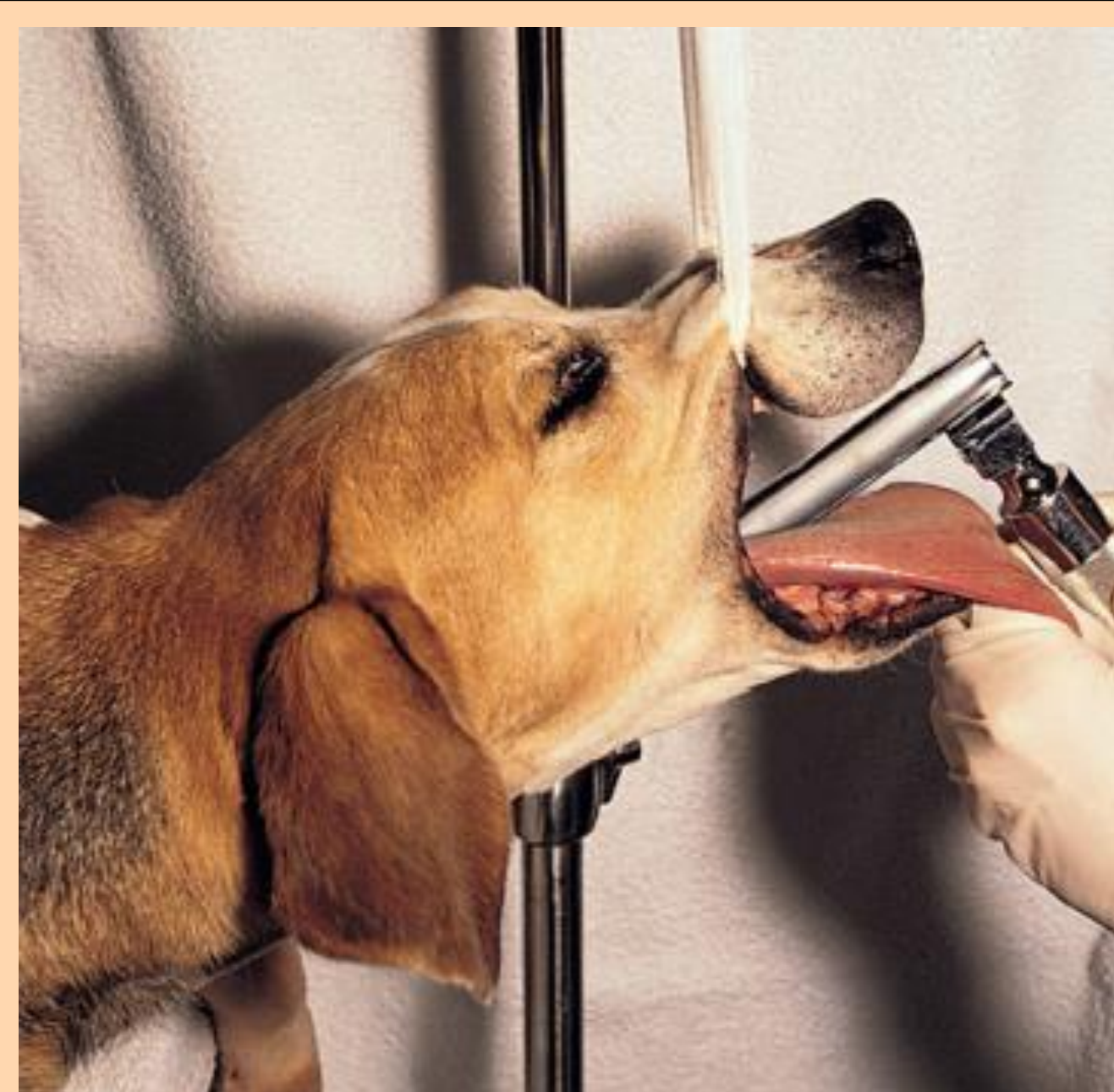


Diagnosis

Physical and neurologic examination
Thoracic radiographs

Laryngeal observation:

- Simple laryngoscope examination under a light plane of anesthesia
- Oral video-endoscopic laryngoscopy
- Transnasal laryngoscopy
- Ultrasonography
- Computed tomography



Dog positioned to visualize the laryngeal motion using a laryngoscope (Nelson and Couto 2019)

Treatment

- Unilateral arytenoid lateralization
- Partial arytenoidectomy
- Permanent tracheostomy



Unilateral arytenoid lateralization technique (Aige 2022)



Laryngeal inspection in affected dog. Pre (a) and post (b) unilateral arytenoid lateralisation (Kitshoff *et al.* 2013)

Conclusions

- Idiopathic laryngeal paralysis can be part of a generalized **neuromuscular disorder** → neurologic examination.
- Genetic trait** in some breeds but idiopathic in most cases.
- Laryngeal examination with a **simple laryngoscope** it is considered the gold standard of diagnosis.
- Unilateral arytenoid lateralization** is the surgical technique most commonly used to treat laryngeal paralysis.
- The main postoperative complication associated with laryngeal paralysis surgery is **aspiration pneumonia**.