ENT LARYNGOSCOPIC CLINIC

Acute vocal fold hemorrhage after phonosurgery

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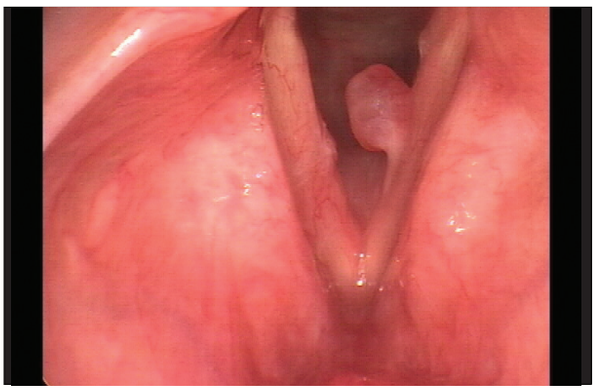

Figure 1. The initial strobovideolaryngoscopy shows the left hemorrhagic polyp with surrounding fibrosis and scarring, as well as reactive fibrosis and scarring on the contralateral vocal fold and signs of laryngopharyngeal reflux disease.

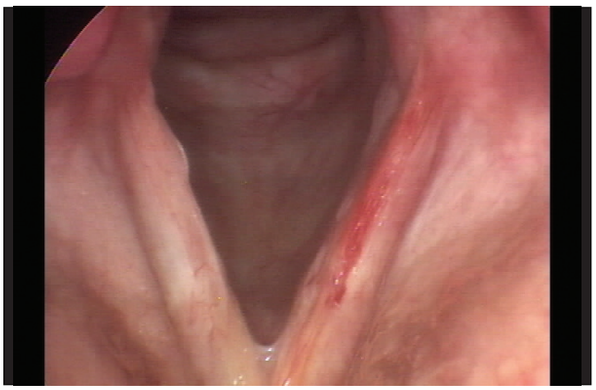

Figure 2. At the 1-week postoperative follow-up, after the patient had not complied with absolute voice rest, stroboscopy shows the left vocal fold hemorrhage.

A 48-year-old truck driver presented with hoarseness, vocal fatigue, volume disturbance, and a loss of range following an upper respiratory infection 6 months earlier. Five years previously, he had undergone removal of vocal fold "polyps" elsewhere; he had received no postoperative voice therapy.

On examination, the patient's voice was strained, breathy, and periodically diplophonic. Initial strobovideolaryngoscopy revealed the presence of a left hemorrhagic polyp with surrounding fibrosis and scarring, as well as varicosities. Also noted were reactive fibrosis and scarring on the contralateral vocal fold, laryngopharyngeal reflux disease, and tongue and laryngeal muscle tension (figure 1).

Preoperative voice therapy and drug therapy with a proton-pump inhibitor and H_2 blocker were prescribed. The patient subsequently underwent microdirect laryngoscopy with mini-microflap excision of the left vocal fold mass. Bilateral vocal fold injections of dexamethasone were administered, and the KTP laser was used to vaporize the bilateral vocal fold varicosities.

Postoperatively, absolute voice rest was prescribed, but the patient was poorly compliant. According to his wife, he was whispering, speaking, and even screaming at times throughout the week following surgery. Nevertheless, at the 1-week follow-up, the patient said his voice quality had improved. However, strobovideolaryngoscopy revealed a left superior vocal fold hemorrhage with associated stiffness and new left posterior and right mid–vocal-fold vibratory margin masses (figure 2). He was again instructed on absolute voice rest. When he returned the following week, strobovideolaryngoscopy revealed resolution of the hemorrhage, but there was some residual stiffness.

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