Ortner's syndrome: a rare cause of hoarseness

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DESCRIPTION

An 81-year-old man with a medical history of hypertension, hyperlipidaemia, chronic kidney disease, coronary artery disease presented to the ear, nose and throat (ENT) physician with symptoms of hoarseness of voice which had persisted for over 6 weeks. Otolaryngoscopy was negative for obvious malignancy and he was diagnosed as having left vocal cord paralysis with a suspicion of thoracic aorta pathology. CT angiogram showed type B dissecting aortic aneurysm with aortic diameter of 4.7 cm at the level of the aortic arch (figure 1) and 5.3 cm dilation about 8 cm superior to the diaphragm with signs of dissection (figure 2). Consensus by cardiology and cardiac surgery services was to continue medical management as he was not a surgical candidate on account of chronicity of the findings, age and associated comorbidities.

Vocal cord paralysis is one major group of pathological processes that could cause hoarseness.¹ Major causes of unilateral vocal cord paralysis include: iatrogenic from surgery around the recurrent laryngeal nerve (36.5%) malignancy (18.4%) and idiopathic (18.5%). Aortic aneurysms accounted for only 0.3% of cases.² Left recurrent laryngeal nerve loops under the arch of the aorta and the longer course of the left recurrent laryngeal nerve around the aortic arch may account for the higher incidence of left vocal palsy when compared to the right.^{3 4} In general, voice changes persisting for a period of 2–4 weeks requires ENT evaluation and the most important reason to visualise the larynx in hoarseness is to exclude malignancy.¹

Figure 1 A CT scan of the chest showing dilation of the aortic arch.

Figure 2 CT showing dilation of thoracic aorta with a formation of intimal flap and double lumen consistent with aortic dissection.

Learning points

- ▶ Voice changes persisting for a period of 2–4 weeks requires ENT evaluation.
- ▶ It is important to consider cardiovascular causes of unilateral vocal cord paralysis especially after excluding common causes such as malignancy and recent local surgery.
- ▶ Chronic type B dissections in older individuals with reduced life expectancy can be managed medically.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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