

Treating Vocal Fold Paralysis the Past, Present and Future

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Vocal fold paralysis is a very common clinical entity that significantly impacts vocalization and swallow-related airway protection. The identification of a paralysis is clinically apparent with a simple laryngeal visual exam and signs/symptoms of voice and swallow dysfunction. To date there are no curative strategies, yet treatment options are available to mitigate functional impact at all stages of the paralysis recovery. Management requires a determination of probability of recovery, estimates of recovery rate, and assessments of current patient clinical

condition. Initial assessment and interventions now occur almost exclusively in the clinic setting with variable timing end-points chosen based on clinical expectations and patient risk factor analysis. The options for intervention expand once recovery probability diminishes. The clinical choices for reconstruction will now include: reinnervation, open medialization laryngoplasty with implant placement, and arytenoid adduction. Soon to be available will be endoscopic-guided implant placement and minimally-invasive arytenoid adduction.