Fellows Column: Vocal Cord Paralysis After Transcatheter Closure of PDA in a Preterm Infant

Daniel Farishta, MD, Shabih Manzar, MD, Ramachandra Bhat, MD

"A preterm infant underwent transcatheter closure of patent ductus arteriosus (PDA). Based on angiographic findings, a 5.2 mm Amplatzer Piccolo Occluder device was chosen and delivered in an intraductal position (Figure 1, panel A)."

Short Clinical Vignette:

A preterm infant underwent transcatheter closure of patent ductus arteriosus (PDA). Based on angiographic findings, a 5.2 mm Amplatzer Piccolo Occluder device was chosen and delivered in an intraductal position (Figure 1, panel A). Postoperatively, the infant developed feeding difficulty. The modified barium swallow study showed silent aspiration of nectar liquid (Video, Figure 2). Nasolaryngoscopy performed by the Otolaryngologist revealed left true vocal fold (TVF) paralysis with limited adduction.

Discussion:

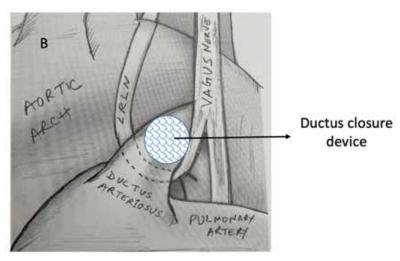
The plausible mechanism of left TFV paralysis noted after PDA closure is the impingement on the left recurrent laryngeal nerve

(LRLN). LRLN runs in close proximity to PDA, looping back on it (Figure 1, panel B). We postulated that as the retention disc diameter of the Amplatzer Piccolo Occluder device used was larger than the preoperative PDA diameter, 5.2 mm versus 2.9 mm, it would have impinged the LRLN (device cross-section shown in the illustration). The other possibility would be the entrapment of the LRLN between the dilated left pulmonary artery and the device

"We postulated that as the retention disc diameter of the Amplatzer Piccolo Occluder device used was larger than the preoperative PDA diameter, 5.2 mm versus 2.9 mm, it would have impinged the LRLN (device cross-section shown in the illustration). The other possibility would be the entrapment of the LRLN between the dilated left pulmonary artery and the device."



Ductus closure device in situ



LRLN - Left Recurrent Laryngeal Nerve

Figure 1:

Panel A- Echocardiogram showing Amplatzer Piccolo Occluder device in situ.

Panel B- Diagrammatic representation of Amplatzer Piccolo Occluder device compressing and impinging the LRLN (Figure adapted from Ryan et al. Neoreviews. 2020;21(5):e308-e322)





Figure 2: Modified barium swallow study still images showing aspiration (white arrows) of nectar liquid

References:

- Tanidir IC, Yukcu B, Ozturk E, Guzeltas A. Vocal cord paralysis after transcatheter patent ductus arteriosus closure with AMPLATZER™ Vascular Plug II. Anatol J Cardiol. 2019;21(6):345-346. doi:10.14744/AnatolJCardiol.2019.88393
- Hwang MS, Su WJ. latrogenic cardiovocal syndrome caused by transcatheter coil closure of patent ductus arteriosus. Acta Paediatr. 2005;94(3):372-374. doi:10.1111/j.1651-2227.2005.tb03083.x
- 3. Ryan MA, Üpchurch PA, Senekki-Florent P. Neonatal Vocal Fold Paralysis. Neoreviews. 2020;21(5):e308-e322. doi:10.1542/neo.21-5-e308

Conflict of Interest: None Funding Source: None

Conflicts of Interest: The authors have no conflicts of interest relevant to this article to disclose.

NT

Video:

Modified barium swallow study showing aspiration of nectar liquid.



Daniel Farishta, MD
Resident Physician PGY-3, Otolaryngology-Head & Neck Surgery
School of Medicine
Louisiana State University Health Sciences Center
1501 Kings Highway
Shreveport, LA 71103

Corresponding Author



Shabih Manzar, MD
Attending
Department of Pediatrics
Division of Neonatology
College of Medicine
Louisiana State University of Health Sciences
1501 Kings Highway
Shreveport, LA 71130
Telephone: 318-626-1623

Email: shabih.manzar@lsuhs.edu



Fax: 318-698-4305

Ramachandra Bhat, MD
Attending
Department of Pediatrics
Division of Neonatology
College of Medicine
Louisiana State University of Health Sciences
1501 Kings Highway
Shreveport, LA 71130

Fellow's Column is published monthly.

- Submission guidelines for "Fellow's Column":
- 2000 word limit not including references or title page. Exceptions will be made on a case by case basis
- QI/QA work, case studies, or a poster from a scientific meeting may be submitted..
- Submission should be from a medical student, resident, fellow, or NNP in training.
- Topics may include Perinatology, Neonatology, and Younger Pediatric patients.
- No more than 20 references.
- Please send your submissions to:

Elba Fayard, MD, Interim Fellowship Column Editor or Japmeet Sandhu, OMS IV Fellowship Column Assistant Editor LomaLindaPublishingCompany@gmail.com