METHODS OF TREATMENT OF PARESIS AND PARALYSIS OF THE LARRYN

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Abstract: The frequency of damage to the recurrent nerves during operations on the thyroid gland has been established. The treatment results were assessed in two groups of patients. The first group consisted of 70 patients without severe breathing disorders, the second group included 25 patients in whom symptoms of inspiratory dyspnea predominated and the goal of treatment was to increase the lumen of the larynx to compensate for respiratory function.

Keywords: Diagnosis, laryngeal paralysis, treatment of paresis, diffuse toxic goiter, surgical treatment.

INTRODUCTION

Disorders of the motor innervation of the larynx require long-term complex treatment, including surgery, which is an additional psychologically traumatic factor for patients, especially in people whose profession is associated with vocal stress. A significant place in the etiology of paresis and paralysis of the larynx is occupied by surgical trauma of the recurrent nerve [1-4]. Most injuries to the recurrent laryngeal nerves (a kind of "Achilles' heel" in thyroid surgery) are not diagnosed by surgeons intraoperatively, and suspicions arise only when a pronounced clinical picture develops [5].

Of the neurogenic disorders of the larynx, peripheral paresis and paralysis of the recurrent nerves are of greatest practical importance [1].

MATERIALS AND METHODS

The goal of the work is to increase the efficiency of medical rehabilitation of patients with disorders of the motor innervation of the larynx. According to the stated goal, the research objectives included:

1. Assessment of disorders of vocal and respiratory function in case of unilateral and bilateral lesions of the recurrent nerves.

2. Analysis of indications for conservative and surgical treatment methods and assessment of their effectiveness.

During the period from 2013 to 2023, we conducted a clinical examination and treatment of 95 patients with disorders of the motor innervation of the larynx, of which 80 were women and 15 men aged from 35 to 62 years.

RESULTS AND DISCUSSION

The methods used made it possible to give the most complete assessment of the functional state of the vocal folds, determine the size and shape of the interfold space, and establish the nature of the action of the compensatory and adaptive mechanisms of the vocal apparatus and breathing. In the differential diagnosis of paresis and paralysis of the vocal folds, the microlaryngostroboscopic symptom of "displacement of the mucous membrane" is important, indicating an incomplete loss of the function of the recurrent nerve. The absence of this symptom indicates his probable paralysis.

Most patients came to the clinic within 2 weeks. up to 2 months since the onset of laryngological disorders. In patients with postoperative complications of the larynx (73 people), in most cases, extracts from medical records did not indicate the presence of complications during operations or in the postoperative period. In 3 cases, symptoms of acute respiratory failure developed in the immediate postoperative period, and therefore these patients underwent tracheostomy. It is especially necessary to emphasize that the prognosis for vocal and respiratory function largely

depends on timely diagnosis and the appointment of adequate treatment, because long-term disruption of innervation leads to irreversible degenerative changes in the neuromuscular apparatus of the larynx [1].

The treatment results were assessed in 2 groups of patients. The first group - 70 people. — consisted of patients with paresis of the vocal cords without severe breathing disorders. Of these, paresis of the left vocal fold was noted in 40 people. (57.1%), right - in 24 (34.3%) and on both sides - in 6 people. (8.7%). These patients needed mainly medication and phonopedic treatment. In the second group, 25 (26.3%) patients with bilateral vocal fold paralysis were observed, in whom symptoms of inspiratory dyspnea predominated, and the main goal of treatment was to increase the lumen of the larynx to compensate for respiratory function.

In both groups of patients, the first stage of rehabilitation consisted of complex conservative treatment, which included anti-inflammatory, detoxification, microcirculatory and restorative therapy.

The complex of rehabilitation treatment included breathing exercises, phonopedic exercises, electrical stimulation of the laryngeal muscles, acupuncture, and acupressure.

As a result, in patients of the first group, treatment started within 1 month. after the complication that arose, recovery with quite satisfactory voice function was noted in 55 (78.6%) people, with treatment for a period of 1.5 to 4-5 months. — in 15 (21.4%) people. In persons with positive treatment results, an increase in the intensity of the sound of the voice, a reduction in aspirated sounds, stabilization of the breathing rhythm, and an increase in the rhythm of maximum phonation from 4-6 to 25-30 s were noted.

With bilateral vocal cord paresis, 10 out of 13 patients showed an increase in the lumen of the glottis from 2-3 to 5-8 mm with activation of vocal fold mobility and an increase in the time of maximum phonation to 20 s. With bilateral paralytic stenoses (second group) of the larynx, the main task was to ensure adequate breathing. The question of the need for planned surgical treatment in these patients was decided no earlier than 6-8 months. after damage to the recurrent nerve, when the morphological picture in the larynx is completely formed.

Indications for surgery in these cases were the ineffectiveness of conservative treatment in patients with a glottis width less than 4 mm, as well as the impossibility of decanulation in previously tracheotomized patients. In the 6 patients we observed with paralytic stenosis of the larynx, the following surgical interventions were performed: unilateral chordoarytenoidectomy using microsurgical techniques [2], transthyroid lateralization of the vocal fold [2], staged laryngotracheoplasty for combined paralytic and cicatricial stenosis [1].

CONCLUSION

The final elimination of the laryngotracheofissure was carried out using displaced skin flaps or strengthening the anterior wall of the larynx with nickel-titanium plates. During the rehabilitation period, all patients underwent a course of phonopedic treatment and breathing exercises. In 3 patients with parathyroid insufficiency, the cartilaginous framework of the larynx and trachea underwent chondromalacia.

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