

Surgical management of Gerhardt syndrome

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Abstract

Adduction bilateral vocal fold immobility syndrome may be due by both recurrent laryngeal nerves paralysis - Gerhardt syndrome - and all intrinsic laryngeal muscles paralysis - Riegel syndrome. Etiology of Gerhardt syndrome is thyroid surgery, intubation's maneuver, trauma, neurological disorders, extralaryngeal malignancies. The manifestations of Gerhardt syndrome are inspiratory dyspnea and slightly influenced voicing by paramedian vocal folds paralysis with an important narrowing of the airway at the glottic level. The surgical procedures for enlargement of the glottic space can be classified in many ways and their major characteristics are: changes at the glottic level; surgical approach: open neck or endoscopic, with or without opening of the mucosal lining; the need for tracheostomy; the equipment used. The aim of this review is to expound the variety of interventions through the last century marked by the development of the diagnostic methods, the anesthesia and the surgical armament with sophisticated instruments and technologies.

Key words: Gerhardt, inspiratory dyspnea, surgery

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