An Unusual Case of Dyspnea and Continuous Wheezing

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Abstract
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INTRODUCTION: Vocal cord dysfunction (VCD) is a syndrome characterized by glottic obstruction due to vocal cord adduction, with symptoms of wheezing and dyspnea (1). It is often mistakenlly diagnosed as asthma, though the use of laryngoscopy can aid in the diagnosis, as was done in this case (2).

CASE PRESENTATION: A 76 year old female was evaluated for two months of wheezing and progressive dyspnea. She has a medical history including coronary artery disease with coronary artery bypass grafting (CABG), pulmonary embolism, and left MCA stroke with residual right-sided weakness and complete expressive aphasia. She had been evaluated on three previous occasions by ENT with direct laryngoscopy for wheezing, though no diagnosis had been made.

She underwent pulmonary function testing that demonstrated a mild obstructive pattern, and she had a negative upper endoscopy. The patient was hospitalized for the third time in two months for dyspnea. During this admission, a pulmonary consult was obtained and laryngoscopy was repeated by our department. When the scope was advanced into the laryngopharyngeal area, the arytenoids were drawn forward towards the epiglottis during the episodes, obstructing the supraglottic aperture. There was noticeable inspiratory glottic narrowing to 50% in addition to posterior trachea bulging. When distracted, it resolved quickly but returned when she was not distracted. With her stroke, she failed speech therapy due to apraxia and therapy for anxiety was intensified.
DISCUSSION: Other etiologies of upper airway wheezing, including laryngomalacia, CNS causes, and vocal cord paresis are often difficult to differentiate from true VCD (1). Brainstem compression, upper and lower motor neuron injury, and movement disorders can all lead to dysfunction as well (2).

CONCLUSIONS: In this case, the patient began to wheeze shortly after her MCA stroke, thus this is the likely culprit of her arytenoid dysfunction and adds to the spectrum of functional diseases often called vocal cord dysfunction.


DISCLOSURE: The following authors have nothing to disclose: Kaiser Lim, Sarah Narotzky