

Therapeutic Management of Massive Subcutaneous Emphysema, Bilateral Pneumothorax and Pneumomediastinum after Anterior Cordectomy for in situ Vocal Cord Carcinoma - Case Report

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Abstract

We present the case of a 70 year-old smoker patient, who was admitted in hospital for removal of a tumour located on the left vocal cord. After direct suspension laryngoscopy (with tumor biopsy sampling), preliminary histopathological exam revealed an in situ carcinoma. At 2 weeks after histopathological confirmation, the left vocal cord was removed by anterior approach, under general anesthesia. In the first 24 hours after surgery, the patient presented an ischaemic stroke, with a deep coma and left hemiplegia, which necessitated mechanical ventilation and specific neurological treatment. Under mechanical ventilation, the patient developed massive sub-cutaneous emphysema, bilateral pneumothorax and pneumomediastinum, which required tracheostomy and bilateral pleural drainage, in order to limit suddenly installed respiratory insufficiency. After an 18-day interval of intensive care therapy, the patient was released at home, considered to be surgically cured and had a moderate remaining left brachial monoplegia, which was almost totally cured in the next six months.

Key words: anterior cordectomy, subcutaneous emphysema, pneumothorax, pneumomediastinum

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