A Case of Ortner Syndrome

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Picture

A 66-year-old woman was referred to our clinic for hoarseness. She had a two-year history of gradually progressive hoarseness. She had been treated with noninvasive positive-pressure ventilation (NPPV) following right upper lobe resection due to tuberculosis and COPD. Her SpO₂ on

room air was 76% and her arterial blood gas analysis revealed pH of 7.3, PCO₂ 59 mmHg, PO₂ 49 mmHg. Oropharyngealscopy showed decreased motion of the left vocal cord. Echocardiography revealed a distended pulmonary artery with a diameter of 41 mm. Contrast-enhanced computed tomography revealed a distended pulmonary artery (shown in blue) compressing the aortic arch (shown in red) (Picture). These findings indicated paralysis of the left recurrent nerve due to the distended pulmonary artery. The syndrome in which hoarseness is caused by compression of the left recurrent nerve of cardiovascular etiology is termed Ortner syndrome (1). The pulmonary artery in this patient was distended due to pulmonary hypertension caused by severe COPD. The patient was treated with a low dose of diuretics to reduce pre-load. Her hoarseness was slightly improved.

The authors state that they have no Conflict of Interest (COI).

Reference

1. Ortner N. Recurrenslahmung bei mitral stenose. Wien Klin Wochenschr **10**: 753-755, 1897.