Ortner’s Syndrome in a Patient with COPD

Aya Sawa¹, Taijiro Shirokawa¹, Hiroyuki Kobayashi¹ and Hiroaki Satoh²

Key words: Ortner’s syndrome, chronic obstructive pulmonary disease, cardiovocal syndrome, hoarseness, recurrent nerve palsy

(Intern Med 51: 2059, 2012)
(DOI: 10.2169/internalmedicine.51.8073)

A 76-year-old man with chronic obstructive pulmonary disease (COPD) developed hoarseness and exacerbation of shortness of breath. Laryngoscopy showed left vocal cord palsy. Chest radiograph revealed a soft tissue mass in the left hilar region (arrow in Picture 1-A). This finding was not observed in the previous chest radiograph one year prior (Picture 1-B). Chest CT scan demonstrated a saccular aneurysm in the aortic arch, which was diagnosed as a Stanford type B dissecting aneurysm (Picture 2). Aortic arch replacement with a graft was planned but the patient did not give consent. However, he was well at the 3-month follow-up visit.

Ortner’s syndrome is a clinical condition with hoarseness due to left recurrent nerve palsy in cardiovascular diseases. When hoarseness is observed in patients with COPD, the differential diagnosis includes the adverse effects of inhaled corticosteroids and development of malignancies (1, 2). Comparison with previous imaging and detailed CT imaging findings will provide important information for the correct diagnosis.

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

References