Aortic Aneurysm Presenting with Left Vocal Cord Paralysis

Sang-Hoon Seol\textsuperscript{1}, Hyun-Kuk Kim\textsuperscript{1}, Doo-Il Kim\textsuperscript{1} and Ho-Ki Min\textsuperscript{2}

Key words: aortic aneurysm, vocal cord paralysis

(Intern Med 51: 2247-2248, 2012)
(DOI: 10.2169/internalmedicine.51.8191)

A 60-year-old man with diabetes presented to hospital with gradual onset hoarseness of 7 months duration. He was a smoker for the last 30 years and did not have any other symptoms such as cough, dyspnea or weight loss. Physical examination showed a normal pulse and blood pressure. In-direct laryngoscopy revealed a paralyzed left vocal cord in paramedian position (Picture 1). A chest X-ray showed a mild mediastinal bulging adjacent to the aortic knuckle and the left bronchus was compressed by an aneurysm and (Picture 2). A computed tomography scan of the thorax demon-\n
\textsuperscript{1}Department of Medicine, Inje University College of Medicine, Haeundae Paik Hospital, Korea and \textsuperscript{2}Department of Thoracic and Cardiovascular Surgery, Inje University College of Medicine, Haeundae Paik Hospital, Korea

Received for publication May 18, 2012; Accepted for publication May 23, 2012
Correspondence to Dr. Sang-Hoon Seol, hacemed@hanmail.net
strated an aortic saccular aneurysm in the isthmic portion of the distal aortic arch of about 5.1 cm (Picture 3). The transthoracic echocardiography was normal. The patient underwent aneurysmectomy and his postoperative progress was excellent and uncomplicated. Ortner’s cardiovocal syndrome is the clinical entity of hoarseness due to left recurrent laryngeal nerve palsy caused by cardiovascular pathology (1).

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

Reference