

# Children's Ear Nose & Throat Center

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## Vocal Cord Paralysis (Unilateral and Bilateral)

Vocal cords vibrate to make sound. Vocal cords also close when you swallow. They protect your airway from food going into your lungs. When vocal cords do not move, they are considered paralyzed.

### There are two types of vocal cord paralysis:

1. Both vocal cords do not move, called bilateral vocal cord paralysis (BVCP)
2. Only one vocal cord moves, called unilateral vocal cord paralysis (UVCP)

Even though the two are related, the causes and management for each of the conditions is different.

### Signs and Symptoms of Bilateral Vocal Cord Paralysis

- The newborn can have a high pitched or "squawking" sound that worsens when the child gets upset or cries, this is called stridor.
- Usually infants have difficulty breathing, turn blue or have pauses in breathing.
- The child may have frequent pneumonias because liquids and / or food go into the airway and the child is unable to cough effectively (also called aspiration).
- The child may have feeding difficulties, such as choking or coughing during feedings.

### Diagnosis of Vocal Cord Paralysis

A flexible telescope is passed through the nose and throat while the child is awake. The flexible scope will give a close-up view of the vocal cords and other structures surrounding the vocal cords. This will show whether the vocal cords move or not.

If a structural abnormality around the vocal cords is thought to be the cause, a Microscopic Laryngoscopy and Bronchoscopy (MLB) may be needed to look at the airway below the level of the vocal cords. This is done in the operating room with the child being sedated by general anesthetic.

### Treatment for Bilateral Vocal Cord Paralysis

The goals of bilateral vocal cord paralysis treatment are to maintain a safe and stable airway, preserve speech, allow safe swallowing without aspiration and weight gain.

A tracheotomy, a surgical procedure that creates an opening in the windpipe, is usually required to maintain a safe and stable airway.

Further testing is done to find the underlying cause of the bilateral vocal cord paralysis.

Management depends on the cause of the bilateral vocal cord paralysis. Surgery to correct bilateral vocal cord paralysis is usually delayed at least a year to see if the vocal cords recover and move on their own.