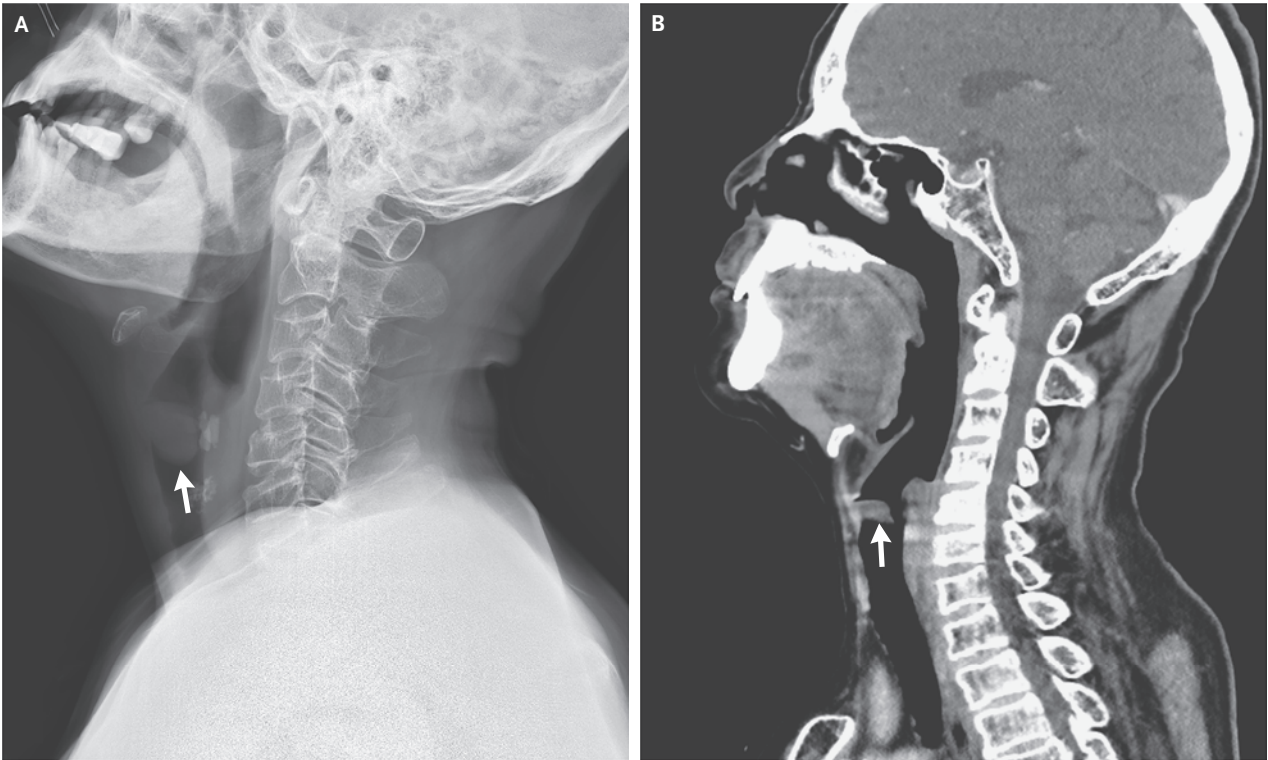


IMAGES IN CLINICAL MEDICINE

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Vocal-Cord Polyp Causing Airway Obstruction



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A video is
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A 69-YEAR-OLD MAN PRESENTED TO THE EMERGENCY DEPARTMENT with a 2-week history of progressive, intermittent dyspnea that worsened when he was lying down. He also reported a 2-year history of hoarseness and a 30-pack-year smoking history. He worked in a noisy factory and frequently yelled to communicate with coworkers. On physical examination, there were normal inspiratory breath sounds and loud expiratory wheezes that were heard best over the neck. Owing to concern for upper-airway obstruction, radiography and computed tomography of the neck were performed, both of which showed a mass causing partial obstruction of the upper airway (Panels A and B, respectively, arrows). Bronchoscopy was subsequently performed, during which a large vocal-cord polyp was found to be causing intermittent airway obstruction in a ball-valve fashion during expiration (see video). Vocal-cord polyps commonly manifest with hoarseness. Such polyps result from chronic irritation of the vocal cords, such as from smoking, reflux, or vocal strain. Immediately after bronchoscopic polypectomy, the patient's dyspnea resolved. Histopathological analysis confirmed the lesion to be a benign vocal-cord polyp. At the 1-month follow-up, his voice had returned to normal. Counseling on smoking cessation and vocal-strain avoidance was given.

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