

# Accepted Manuscript

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PII: S1389-9457(16)30010-7  
DOI: <http://dx.doi.org/doi: 10.1016/j.sleep.2016.03.012>  
Reference: SLEEP 3040

To appear in: *Sleep Medicine*

Received date: 21-1-2016  
Revised date: 11-2-2016  
Accepted date: 11-3-2016

Please cite this article as: Saadia A. Faiz, Lara Bashoura, Lavanya Kodali, Amy C. Hessel, Scott E. Evans, Diwakar Balachandran, Sleep disordered breathing as a delayed complication of iatrogenic vocal cord trauma, *Sleep Medicine* (2016), <http://dx.doi.org/doi: 10.1016/j.sleep.2016.03.012>.

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**Short Title:** SDB late CX of VC trauma

**Sources of support:** None

**Conflict of interest disclosures:** No financial disclosures from any of the authors

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**Key words:** vocal cord paralysis; cancer; sleep-related hypoventilation; obstructive sleep apnea; vocal cord dysfunction; continuous positive airway pressure; sleep disordered breathing

**Abstract:** A case of a 55 year old woman with iatrogenic vocal cord trauma and sleep related symptoms is reported. In particular this case highlights sleep disordered breathing as a delayed complication after iatrogenic vocal cord trauma. The patient developed acute stridor from a contralateral vocal cord hematoma following vocal fold injection for right vocal cord paralysis. Acute respiratory symptoms resolved with oxygen, steroids and nebulized therapy, but nocturnal symptoms persisted and polysomnography revealed sleep-related hypoventilation and mild obstructive sleep apnea. Positive pressure therapy was successfully used to ameliorate her symptoms and treat sleep disordered breathing until her hematoma resolved. In addition to the typically acute respiratory symptoms that may result from vocal cord dysfunction, sleep disordered breathing may also present as a significant sub-acute or chronic problem. Management of the acute respiratory symptoms is relatively well established, but clinicians should be alert for more subtle nocturnal symptoms that may require further study with polysomnography.

## Introduction

A 55-year old woman with metastatic breast cancer presented with dysphonia and a weak cough. Laryngoscopy revealed right vocal cord paralysis and she underwent injection laryngoplasty (calcium hydroxylapatite gel) under stroboscopic guidance. Within 24 hours of the intervention, she developed stridor and dyspnea and was empirically placed on racemic

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