A MULTIDISCIPLINARY APPROACH TO THE MANAGEMENT OF PAEDIATRIC VOCAL FOLD PARALYSIS

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**Vocal fold palsy can be challenging to manage as their natural resolution is variable and clinically difficult to predict.** We have developed algorithms for the management of both unilateral and bilateral palsy, utilising laryngeal electromyography, which have facilitated informed decision-making in these children.

**Introduction**

In cases of paediatric vocal fold palsy (VFP) it can be challenging to predict whether spontaneous recovery will occur, and therefore what treatment strategy should be employed. Laryngeal electromyography (LEMG) can aid the decision-making process.

**Methods**

In our region we have developed multidisciplinary pathways for the management of children with VFP. The diagnosis and functional effect is ascertained by a complete history and examination including an assessment of aetiology, airway patency, voice quality and swallowing function. In some cases imaging is also required. If there is no recovery following six weeks, laryngotracheobronchoscopy (LTB) with LEMG is undertaken. Children undergo multidisciplinary reassessment at 2 years of age, when laryngeal re-innervation may be considered.

**Results**

LEMG has been undertaken in eighteen cases. Use of sequential LEMG has in different cases avoided tracheostomy, confirmed laryngeal involvement in systemic myopathy, and provided early evidence of neurological recovery following central neurological injury. One child with unilateral VFP in whom LEMG showed no spontaneous recovery underwent vocal cord injection and a non-selective laryngeal re-innervation.

**Conclusion**

In our experience this structured pathway provides a helpful framework in which to efficiently manage these patients and has, to date, facilitated good outcomes.