



New York Veterinary Specialty and Emergency Center

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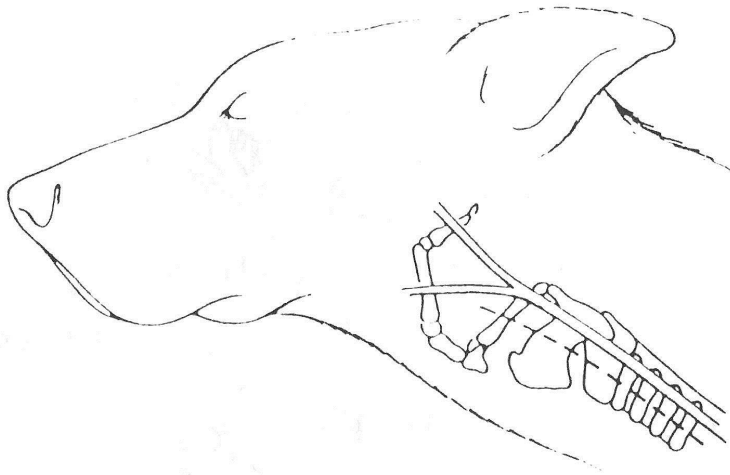
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Quality Medicine with a Caring Attitude

Laryngeal Paralysis in the Dog

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Laryngeal Paralysis is a partial to complete failure of the arytenoids cartilage (opening into the Larynx) and vocal folds to abduct (move to each side) during inspiration.

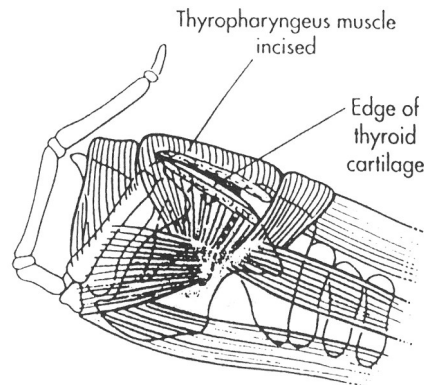


Laryngeal Paralysis first described as a disease in German Publication in 1959. Congenital and acquired bilateral Laryngeal Paralysis as caused by neurogenic atrophy of the Laryngeal muscles has been documented. Hereditary characteristics (autosomal, dominant passage) in the Bouvier des

Flandres was described in a 1981 report. The congenital type has also been reported in Bull Terriers, Siberian Huskies and Dalmations. Laryngeal Paralysis is most commonly found in older (greater than 10 years) Labrador Retrievers. Males are affected 2-4 times more frequently than females.

Cause for the acquired (non-congenital) disease include trauma, (chain-collars), neoplasia and idiopathic (cause unknown), with the idiopathic etiology claiming the majority of the cases.

Laryngeal Paralysis frequently causes progressive inspiratory stridor, voice change and exercise intolerance. You may also notice cyanosis, coughing, gagging, vomiting, restlessness and



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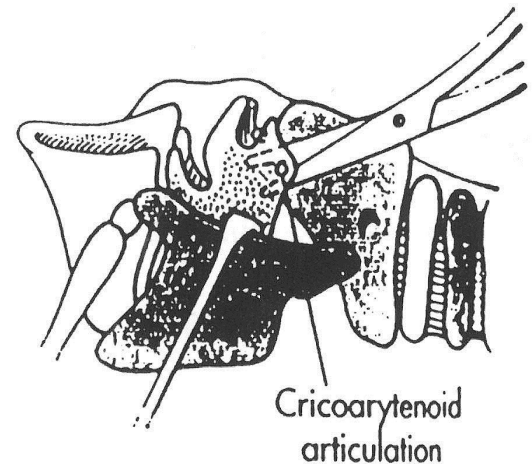
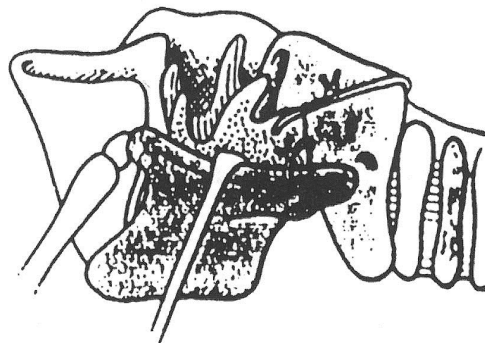
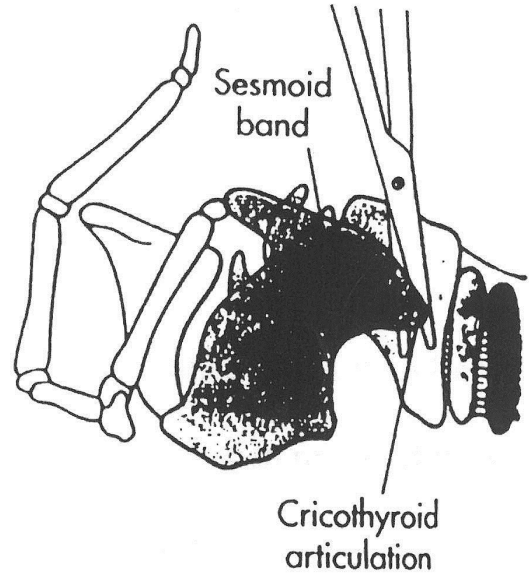
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anxiety. In a severe case, the animal may actually collapse and on a rare occasion suffocate and die. Some animals are asymptomatic at rest. All animals with Laryngeal Paralysis are at risk for inhalation pneumonia from aspiration of food and saliva. Those dogs that produce thick saliva and have a problem swallowing respond poorly to surgery.

Diagnosis of Laryngeal Paralysis can only be made under direct observation of the arytenoids cartilages while the animal is under light sedation. Radiographs of the neck are done to rule out other causes. Nerve condition studies can be done to rule out generalized neuromuscular disease but is usually not necessary. Hypothyroidism should be ruled out by performing a thyroid profile on the blood. Medical management would only be successful in mild cases. This includes weight reduction, exercise restrictions, and Thyroid medication if needed. In moderate to severe cases, surgery is the recommended treatment.

The surgical procedure of choice is unilateral arytenoids cartilage lateralization as it gives consistently good results (greater than 90%).



Only one side is operated on because post-operative coughing, severe gagging pneumonia and death are more frequent when both cartilages are pulled to the outside. See Diagram common post-operative problems include change in voice (if it has not already occurred), gagging after eating and drinking (temporary) and on a rare occasion the stitches holding the cartilage will tear loose and surgery has to be redone most commonly seen in very old dogs in which the respiration stridor has been chronic.

On rare occasion an animal will be presented in severe respiratory distress and emergency treatment has to be done, such as sedation, I.V. corticosteroids, oxygen therapy and tracheostomy.

