

LATE RECOGNITION OF TAPIA'S SYNDROME FOLLOWING OROTRAHEAL INTUBATION LEADS TO POOR RECOVERY

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Tapia's syndrome is known rare complication of orotracheal intubation, until now described only in a few case reports. Pathological process consists of high cervical extracranial neuropraxia of the recurrent laryngeal nerve and the hypoglossal nerve with consequent ipsilateral paralysis of the vocal cord and the tongue. We present a case of 69 years old male, operated laparoscopically, due to the acute cholecystitis, and reoperated four days later due to the colon perforation and peritonitis, in general anesthesia. The day after second operation aphonia developed, with chewing problems because of tongue weakness. The symptoms persisted and 35 days later he was eventually sent to neurologist. Dysphonia and tongue deviation to right side was noticed with atrophy of right side of tongue, fasciculations on the same side, difficulties in chewing food and oral phase dysphagia. Oral sensation was normal as were palatal and pharyngeal reflexes. All other cranial nerves were unaffected and he had no signs of other brain, spinal or peripheral nerve lesions or other neurological deficits, so Tapia's syndrome was diagnosed. Videolaryngoscopic evaluation revealed fixated right and mobile left vocal cord on phonation and respiration, rima glottidis was sufficient. Right pyriform sinus was shallow and left normal. Other diagnostic tests, including MRI of brain, skull base and neck were normal as expected. Patient was treated with steroid therapy, vitamin B complex therapy and had some improvement of tongue weakness and dysphonia, but not complete resolution of neurological symptoms probably due to the late recognition of syndrome and introduction of therapy.