RARE CAUSE OF CHRONIC ODYNOPHAGIA

Jason Lo Yun Bing¹, Irfan Mohamad²

¹Department of ENT, Penang General Hospital, JalanResidensi, 10990 George Town, Pulau Pinang

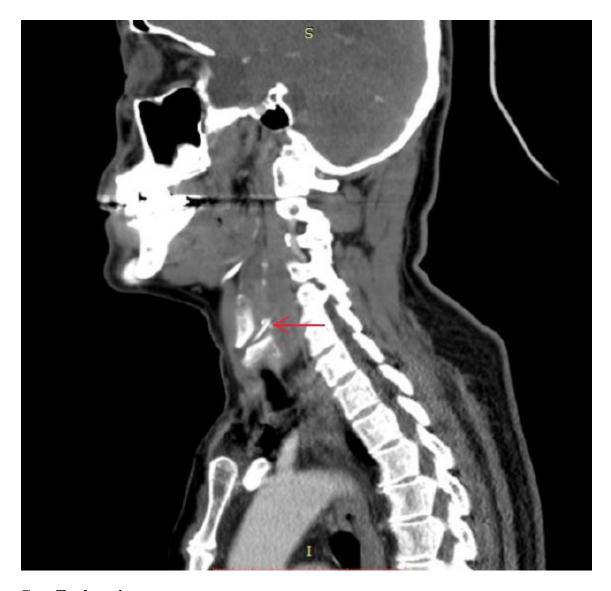
²Department of Otorhinolaryngology-Head & Neck Surgery, School of Medical Sciences, Universiti Sains Malaysia Health Campus, 16150 Kota Bharu, Kelantan, Malaysia.

Address of Correspondence:

Dr Irfan Mohamad, MD, M.Med (ORL-HNS) Associate Professor, Department of Otorhinolaryngology-Head & Neck Surgery, School of Medical Sciences, UniversitiSains Malaysia Helath Campus, 16150 Kota Bharu, Kelantan, Malaysia.

Tel: 609-7676420

Email: irfankb@usm.my



Case Explanation:

A 63-year-old Chinese gentleman, a non-smoker with less than 5 units of alcohol intake per week, presented with persistent progressive odynophagia for 1 year with sudden onset of hoarseness for 1 month. Oral and neck examinations were normal. Flexible laryngoscopy showed left false cord fullness with reduced mobility of left vocal cord. Considering the risk factors and suggestive symptoms, a laryngeal malignancy was suspected. Contrasted-enhanced CT scan of the neck revealed a linear hyperdensed lesion measuring 3.0 cm x 0.2 cm at the left paralaryngeal space between the left vocal cord and thyroid cartilage. Further questioning revealed a positive history of fish bone ingestion 1 year prior to this presentation. He was advised for an external approach neck exploration for foreign body removal. However, with high risk of recurrent laryngeal nerve injury and possible incomplete removal of foreign body due to fibrosis, the patient opted for watchful waiting.