

## **RARE CAUSE OF CHRONIC ODYNOPHAGIA**

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**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. Contrast-enhanced CT scan of the neck revealed a linear hyperdense 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.