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## **Oh No! I Cannot Speak! A Case Report Of Traumatic Laryngeal Injury**

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### **POSTER ABSTRACT**

#### **INTRODUCTION**

Laryngeal trauma is a rare but potentially deadly injury. We report a case of blunt traumatic laryngeal injury that was presented at our center.

#### **CASE DESCRIPTION**

A 20-year-old Malay gentleman was involved in a motor vehicle accident while seated in the passenger seat without a seatbelt. During the collision, the airbag deployed and struck his neck. Following the trauma, he reported neck pain. At the nearest health clinic, he exhibited stridor, with an oxygen saturation of 88%, was unable to speak, and had crepitus over the anterior neck extending to the chest. Bruises were also noted over the suprasternal notch and left anterior chest.

He was urgently transferred to our center, where he was intubated using a direct laryngoscope for airway protection. The Otorhinolaryngology (ORL) team was consulted, and a CT scan of the neck revealed a fracture of the right cricoid cartilage. Direct laryngoscopy and tracheoscopy identified a Schaefer-Fuhrman Grade III laryngeal injury. A surgical tracheostomy was performed, and he was discharged home on the 19th day of his admission.

#### **DISCUSSION**

Laryngeal fractures are rare injuries, often presenting with symptoms like stridor, hoarseness of voice, difficulty breathing, hemoptysis, or dysphagia. They can lead to airway collapse, so securing the airway is crucial. Intubation is the initial step, and displaced fractures or disruptions of internal laryngeal structures should be repaired within 48 hours. Early recognition and treatment, typically within 48 hours, improve voice, swallowing, and

airway outcomes. Later, laryngeal treatment with speech therapy sessions is essential for long-term vocalization and deglutition.

#### **CONCLUSION**

Blunt traumatic laryngeal injury may present with aphonia. Prompt diagnosis and management are crucial in preventing long-term complications.

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