

Methylprednisolone

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Lack of efficacy: case report

A 74-year-old woman exhibited lack of efficacy during treatment with methylprednisolone for bilateral vocal cord palsy.

The woman with a history of high BP, hip endoprosthesis and implantation of knee endoprosthesis, was hospitalised with a positive SARS-CoV-2 PCR and associated COVID-19 pneumonia. She was initiated on a treatment with off-label hydroxychloroquine. Additionally, off-label clarithromycin was also prescribed for persistent recurrent fevers. Few days later, her condition worsened and she was shifted to ICU. She underwent intubation and ventilation for 17 days and was later extubated. After a 9-day stay at an early rehabilitation, she was discharged. Two weeks later, she presented with dyspnoea. Upon examination, she exhibited high-grade dysphonia with 67 points in the Voice Handicap Index (VHI) scale and R3B1H3 in the Roughness, Breathiness and Hoarseness (RBH) scale. Further analysis confirmed a diagnosis of bilateral vocal cord palsy along with hyperplastic vestibular folds, as a result of SARS-CoV-2 infection. She was initiated on IV methylprednisolone [*dosage not stated*], oxygen and unspecified inhalations. Following therapy, no improvement was observed (lack of efficacy). Thereafter, she underwent a laterofixation under intubation anaesthesia. A marked improvement was observed, particularly with her dyspnoea and a slight improvement in voice range profile. A persistent high-grade dysphonia was noted. Several weeks later, she returned with worsening dyspnoea, which resolved with a laser posterior cordectomy. During last follow-up, her condition was noted as stable with a poor voice quality.

Jungbauer F, et al. Case Report: Bilateral Palsy of the Vocal Cords After COVID-19 Infection. *Frontiers in Neurology* 12: 619545, 19 May 2021. Available from: URL: <http://www.frontiersin.org/Neurology> 803619532