

[PICTURES IN CLINICAL MEDICINE]

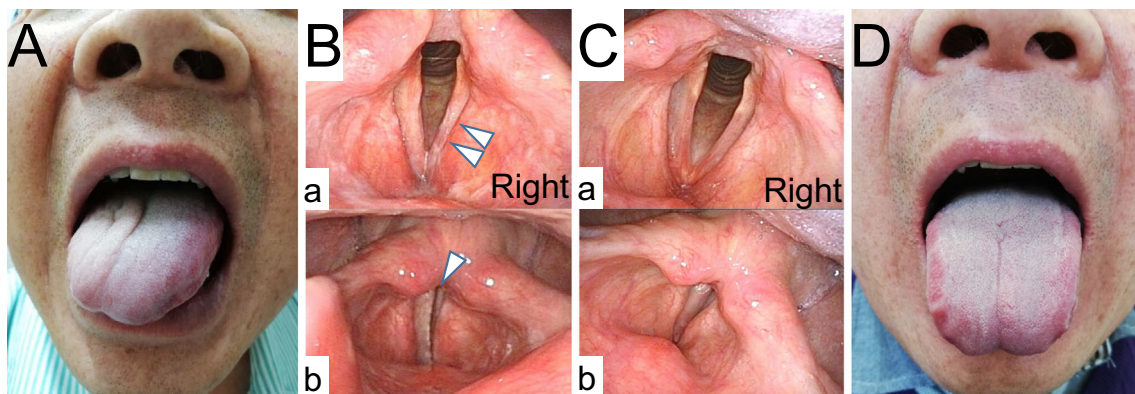
Tapia Syndrome after Endotracheal Intubation in General Anesthesia

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Key words: endotracheal intubation, stroke mimic, Tapia syndrome

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Picture.

A 70-year-old man with cervical myelopathy underwent 2.5-h cervical laminoplasty. After the surgery, under general anesthesia, he exhibited dysphagia, hoarseness, and tongue deviation to the right side (Picture A). Magnetic resonance imaging showed no evidence of acute cerebrovascular diseases. His dysphagia was mild and disappeared within one week. Laryngeal fiberscopy on postoperative day (POD) 16 showed a limitation in the abduction of the right vocal cord (Picture B-a, white arrowheads) and insufficient glottal closure on utterance (Picture B-b, white arrowhead), which recovered on POD 51 (Picture C). He was treated with intravenous methylprednisolone (2 days, 1,000 mg), which was tapered after having been taken for about 2 weeks, and he showed no recovery of hoarseness or tongue deviation. The hoarseness and tongue deviation gradually disappeared three months after the operation with very little reduction of tongue motility (Picture D). Tapia syndrome was first described as neurapraxia of recurrent laryngeal and hypoglossal nerves and is caused by the extracranial compression of

both nerves (1, 2). The combination of paralysis of the Xth and the XIIth cranial nerves can occur either centrally or peripherally. However, we should note that brain stem lesions rarely involve two cranial nerves in isolation without affecting the long tract or cerebellar system structures.

The authors state that they have no Conflict of Interest (COI).

References

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