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Letter to the Editor / *Editöre Mektup*

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Ortner syndrome due to aortic aneurysm

Aort anevrizmasına bağlı Ortner sendromu

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Ortner syndrome, also known as cardiovocal syndrome, is a rare condition characterized by hoarseness of voice resulting from left recurrent laryngeal nerve compression. This compression is often caused by cardiovascular abnormalities, such as aortic aneurysms.[1]

Patients with Ortner syndrome typically present with hoarseness of voice, which may gradually worsen over time. The hoarseness is often unilateral and may be accompanied by other symptoms related to the underlying aortic aneurysm, such as chest pain, dyspnea, or coughing.

Diagnosing Ortner syndrome requires a comprehensive evaluation of the patient's medical history, physical examination, and imaging studies. The medical history should include a detailed assessment of cardiovascular risk factors and any previous diagnosis or treatment of aortic aneurysms. During the physical examination, special attention should be given to auscultating the heart and lungs for any abnormal sounds or murmurs. Imaging studies, such as chest X-rays, echocardiography, and computed tomography scans, can provide valuable information about the size and location of the aortic aneurysm, as well as any associated complications.

The management of Ortner syndrome primarily focuses on treating the underlying cause, which is aortic aneurysm. In cases where the aneurysm is small and asymptomatic, regular monitoring with imaging studies may be sufficient. However, if the aneurysm is large or causes significant compression of the left recurrent laryngeal nerve, surgical intervention may be necessary. Surgical options include open repair or endovascular stent grafting, depending on the patient's overall health status and anatomical considerations. Close collaboration between cardiovascular surgeons and otolaryngologists is crucial to ensure optimal outcomes for these patients.[2,3]

Ortner syndrome due to aortic aneurysm is a rare but important condition that can cause significant morbidity in affected individuals. Prompt recognition and appropriate management are crucial to prevent permanent vocal cord paralysis and improve patients' quality of life. Healthcare providers should maintain a high index of suspicion for Ortner syndrome in patients with hoarseness of voice and known or

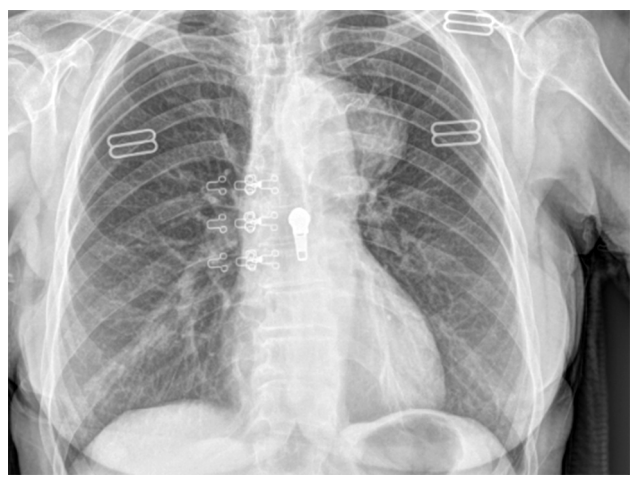

Figure 1. A well-circumscribed 6×6 cm opacity was detected in the left paratracheal chest radiograph.

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suspected aortic aneurysms. Herein, we wanted to draw attention to two cases of Ortner syndrome (cardiovocal syndrome).

Case 1– A 66-year-old female patient was sent to the otorhinolaryngology outpatient clinic due to hoarseness with a preliminary diagnosis of malignancy. The patient had a smoking history of 44 pack-years. During the physical examination, the respiratory system was found to be normal. Indirect laryngoscopic examination revealed left vocal cord paralysis. A well-circumscribed 6×6 cm opacity was detected in the left paratracheal chest radiograph (Figure 1). Contrast-enhanced tomography revealed a 61x58 mm aneurysm at the level of the aortic arch (Figures 2).

Case 2– An 88-year-old male patient was evaluated in the emergency department due to fatigue, poor general condition, chest pain, and hoarseness. The patient had a smoking history of 30 pack-years. On physical examination, there were decreased breath sounds and rales on the left. Indirect laryngoscopic examination revealed left vocal cord paralysis. Contrast-enhanced tomography revealed a 40-mm aneurysm at the level of the descending aorta and a 30-mm hematoma around the aneurysm (Figure 3).

Figure 2. Contrast-enhanced tomography revealed a 61×58 mm aneurysm at the level of the aortic arch.

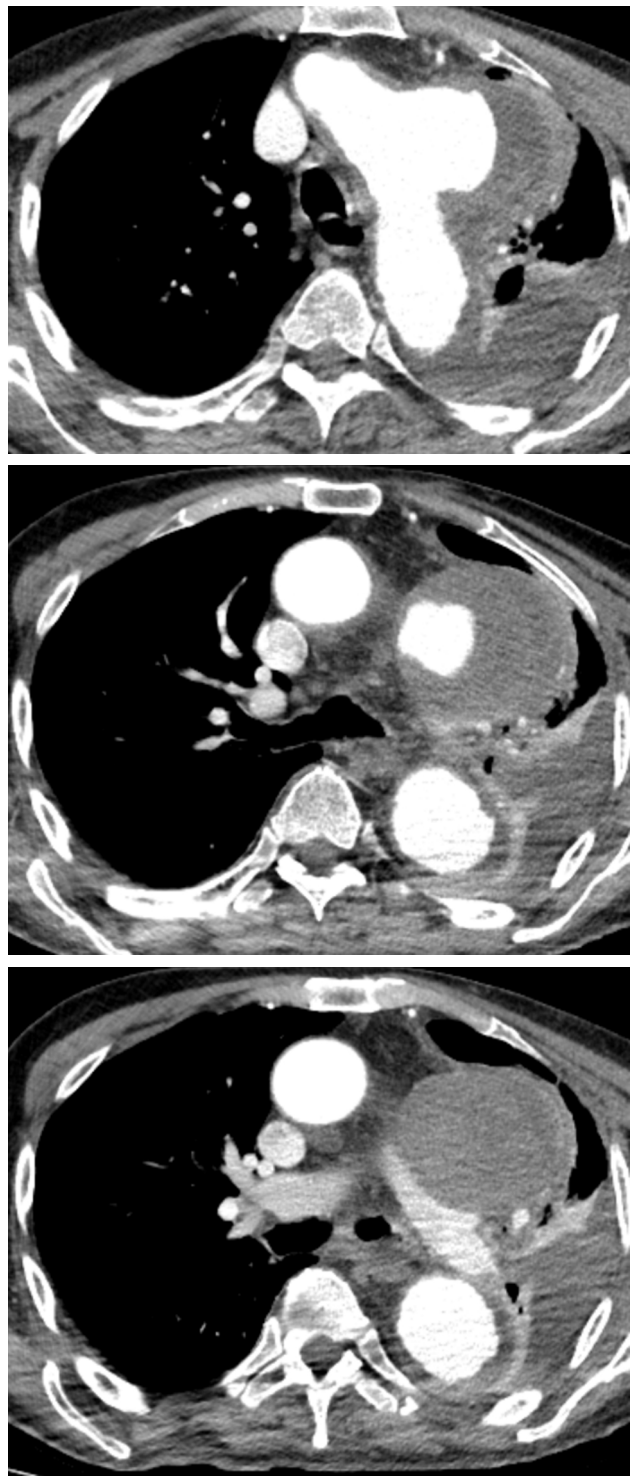

Figure 3. Contrast-enhanced tomography revealed a 40-mm aneurysm at the level of the descending aorta and a 30-mm hematoma around the aneurysm.

In conclusion, ortner syndrome should also be kept in mind as a rare cause of vocal cord paralysis.

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