

Not just another wheeze: vocal cord malignancy masquerading as refractory asthma

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A 60-year-old male with a recent 2-month history of bronchial asthma presented to the Emergency Department (ED) in severe respiratory distress, just 9 hours after being discharged for an asthma exacerbation. At discharge, the only residual symptom was persistent hoarseness, which was under outpatient ear, nose, and throat (ENT) clinic review.

On re-admission, he was breathless with SpO₂ of 79% on room air, respiratory rate 30/min, heart rate 114/min, and blood pressure 146/92 mmHg. He could speak only in single words and had bilateral wheeze on auscultation. Arterial blood gas showed type 2 respiratory failure. Lung ultrasound was unremarkable except for a localized B-profile in the left lower zone. No pneumothorax or effusion was detected.

He received full escalation for status asthmaticus - oxygen, back-to-back bronchodilator nebulization, intravenous (IV) magnesium, IV steroids, salbutamol infusion, and Bilevel positive airway pressure. Despite appropriate treatment, the patient did not improve as expected. A persistent, audible wheeze over the neck raised concern for a possible low-pitched, bidirectional stridor, suggesting upper airway involvement.

Urgent ENT consultation and bedside flexible laryngoscopy in the ED revealed a vocal cord mass, highly suspicious for malignancy, causing critical upper airway narrowing. A multidisciplinary decision was made to perform an emergency tracheostomy under local anesthesia with low-dose ketamine.

The procedure led to immediate relief of respiratory distress and stridor. The patient was stabilized and transferred to the ENT ward for further oncological evaluation.

Conclusion: This case highlights the need to reassess presumed asthma exacerbations that fail to respond to standard therapy - especially when associated with voice changes or upper airway sounds.

Difficult to distinguish upper airway sounds in the acute setting can be overcome by a systematic approach. Differential diagnosis often focuses on anaphylaxis, pneumothorax, co-existing lung disease, or heart failure. However, vocal cord dysfunction (VCD) is one of the commonest mimics and rare causes of upper airway obstruction must also be considered.

The Pittsburgh VCD index can be used in assessing VCD.

Early recognition and multidisciplinary airway management were critical in saving this patient's life.

Keywords: vocal cord dysfunction, stridor.

List of Abbreviation

ED	Emergency department
ENT	Ear, nose, and throat
IV	Intravenous
SpO ₂	Percentage saturation of oxygen
VCD	Vocal cord dysfunction

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