

# Endoscopic excision of an intraluminal granulation tissue using a microdebrider

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## SUMMARY

The development of granulation tissue within a tracheostomy tube is the most common late tracheostomy complication. Granulation tissue formation causes complications during routine tracheostomy care, potentially triggering airway stenosis or occlusion. Here we present the successful excision of a granulation tissue within a fenestrated tracheostomy tube using a microdebrider. It is crucial to choose the right type of tracheostomy tube in patients who require long standing tube placements. The microdebrider was successful in the excision of the granulation tissue in a fenestrated tracheostomy tube however it is crucial that the right choice of microdebrider is made based on respective procedures in order to ensure preservation of normal anatomy, thereby avoiding complications.

# Coblator assisted transoral posterior cordectomy and partial arytenoidectomy in bilateral vocal cord abductor palsy: A case report

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## SUMMARY

Bilateral vocal cord paralysis (BVCP) is a serious complication of thyroidectomy. Patients with BVCP commonly experience significant impairment in breathing due to obstructed glottic airway. Historically, tracheostomy is considered as the only option for this condition. However, nowadays there are various treatment options available that are primarily transoral such as partial arytenoidectomy, arytenoidopexy, transverse cordotomy and partial cordectomy. Posterior cordectomy with partial arytenoidectomy is a procedure that commonly performed using CO<sub>2</sub> laser in the treatment of BVCP to widen the glottic airway. However coblation has also emerged as an alternative method that has shown to be safe and effective. We present our experience performing a posterior cordectomy with partial arytenoidectomy using a coblation instrument on a 68-year-old lady with underlying multinodular goitre who had undergone total thyroidectomy three years prior to the presentation of airway impairment. The thyroidectomy was complicated with bilateral vocal cord abductor paralysis. The patient was not keen for tracheostomy when the glottic airway became smaller causing breathing issues. We used a 30-degree rigid scope and a Procise™ laryngeal wand, which provides us a precise area of surgery. The patient had significant alleviation of breathlessness and stridor post operatively. In conclusion, coblation is a safe and efficient approach in the treatment of bilateral vocal cord abductor paralysis in centres which do not have laser facilities or trained surgeons in transoral laser surgeries.