CASE PRESENTATION

A 38-year-old Japanese housewife who was a heavy smoker was admitted to our hospital because of upper respiratory distress that developed half a year prior to admission. She had no past medical history. On admission, her vital signs were normal. Physical examination showed hoarseness, stridor, wheezing, and orthopnoea, but no swelling of the tonsils, thyroid, or lymph nodes. A computed tomography of the neck revealed an enlarged tumor (Image A).

DIAGNOSIS

Laryngeal endoscopy revealed a giant vocal cord polyp (Image B). Direct laryngoscopic resection after tracheostomy with local anesthesia was performed, which resulted in improved symptoms. After a week, the tracheal fenestra was closed and she was discharged without complication.
A Giant Vocal Cord Polyp Mimics Asthma Attack

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