

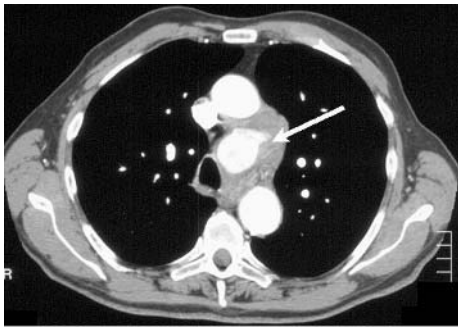
# Images in *Thorax*

## A rare cause of Ortner's syndrome (cardiovascular hoarseness)

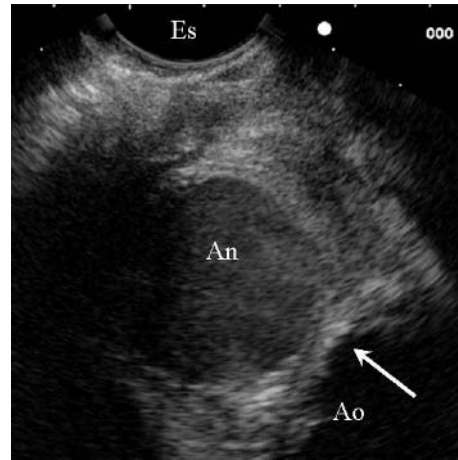
**A** 78 year old man with a history of hypertension, arteriosclerosis, and a myocardial infarction woke up one morning to realise that he had lost his voice. He did not feel ill nor had he experienced symptoms of cough or fever. He had smoked cigarettes for over 60 years and had a brother with lung cancer. Left vocal cord paralysis was assessed at laryngoscopy.

A contrast enhanced computed tomographic (CT) scan of the chest showed a mass with a central opacity in the aortopulmonary window (fig 1, arrow). In the diagnostic workup densities of this mass were measured which did not correspond with contrast as seen in the aorta. A mediastinal metastasis or mediastinal tumour was the most likely diagnosis given by the radiologist. As he was not aware of the clinical entity of Ortner's syndrome, an aneurysm was considered less likely. Transoesophageal endoscopic ultrasonography revealed a saccular aneurysm of the aortic arch surrounded by a haematoma (fig 2). Using colour Doppler, flow was detected through a 5 mm connection between the aorta and the aneurysm (fig 2, arrow).

Only a few such cases have been described, possibly not as well documented as this one. An aortic arch aneurysm is a rare cause of cardiovocal hoarseness, also known as Ortner's syndrome, first described in 1897 in patients with left atrial enlargement due to mitral valve stenosis.<sup>1</sup> In this syndrome the left recurrent laryngeal nerve is thought to be injured due



**Figure 1** Transverse CT scan of the chest showing a mass (arrow) in the aortopulmonary window.



**Figure 2** Transoesophageal echo image showing a saccular aneurysm (An) of the aortic arch surrounded by a haematoma. The arrow points to the connection between the aorta (Ao) and the aneurysm. Es = oesophagus.

to compression caused by changes in the anatomy of the heart or great vessels, most often by left atrial enlargement due to mitral valve stenosis. Endoscopic ultrasonography may be the diagnostic procedure of choice in establishing the diagnosis.

**J T Annema**

*Leiden University Medical Center, Leiden, The Netherlands*

**J J Brahim**

*Leyenburg Hospital, The Hague, The Netherlands*

**K F Rabe**

*Leiden University Medical Center, Leiden, The Netherlands*

Correspondence to: Dr J Annema, Department of Pulmonology, P O Box 9600, University Medical Centre, 2300 RC Leiden, The Netherlands; [j.t.annema@lumc.nl](mailto:j.t.annema@lumc.nl)

### REFERENCE

- 1 **Ortner NI.** Recurrenslähmung bei Mitralstenose. *Wien Klin Wochenschr* 1897;10:753–5.