

Ductus arteriosus aneurysm causing hoarseness which is the best treatment option; surgery or endovascular?

Dear Editor,

We read the article “Ortner’s Syndrome caused by ductus arteriosus aneurysm” by Dr. Onur Sinan Deveci et al.^[1] The authors reported that hoarseness caused by ductus arteriosus aneurysm was completely resolved after percutaneous closure of ductus arteriosus aneurysm; however, there are some unresolved questions about this case.

Patent ductus arteriosus (PDA) aneurysm was known to have caused hoarseness due to compression on the recurrent laryngeal nerve. Aneurysm would not regress after PDA percutaneous closure. Therefore, nerve compression would continue and it is impossible that hoarseness would be resolved. In the literature it has been reported that the major problem with aneurysm of nonpatent ductus arteriosus is hoarseness.^[2] Runge et al. also reported that vocal cord paralysis persisted after endovascular repair of ductus arteriosus aneurysm causing Ortner’s Syndrome.^[3] Surgery is recommended for aneurysms that are larger than 3 cm.^[4] In this report, transverse diameter of the aneurysm was revealed to be 35 mm, so we believe that surgical resection of the aneurysm would have been fine for this situation.

Also, the article stated that the authors used 8/6 mm

PDA occluder device (St Jude Medical Inc., Little Canada, MN, USA). According to the image, it was the Amplatzer Duct Occluder II (ADO II), but there is no 8/6 mm ADO II; the largest size is 6/6 mm.

We want to thank the authors for their report of successful percutaneous treatment of ductus arteriosus aneurysm.

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Authors’ reply

Dear Editor,

We want to thank our reader for fine contributions to our case entitled “Ortner’s Syndrome caused by ductus arteriosus aneurysm.” Surgical therapy is an option for patients with ductus aneurysm, but in these patients compression of the recurrent laryngeal nerve is mainly due to the increased surface tension of the aneurysm. After closing off the blood supply to the aneurysm, the compression decreases dramatically and the hoarseness dissolves. Surgery may also be considered when a less invasive method of therapy does not succeed. We again conclude that hoarseness

was completely resolved in this patient upon follow-up and we have no hesitation in this regard.

Thanks to the dear reader, we realized that we mistakenly reported the wrong device. The patent ductus arteriosus aneurysm was occluded from the aortic side with a symmetrical Amplatzer Duct Occluder II (ADO II) (St. Jude Medical, Inc., Little Canada, MN, USA), size 6/6 mm.

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