

Atypical Presentation of Bilateral Phrenic Nerve Palsy and its Unusual Recovery after Coronary Artery Bypass Grafting

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Abstract

Bilateral phrenic nerve paralysis after coronary artery bypass surgery in a 47-year-old female patient is reported. This became evident on the 5th post-extubation day and mimicked acute coronary syndrome and led to difficulty in diagnosis. The patient required re-intubation and mechanical ventilation for only 6 days. The diagnosis of clinical and radiological abnormalities suggestive of bilateral phrenic nerve dysfunction was assisted by fluoroscopy, measurement of needle electromyography, and phrenic nerve motor conduction studies. The patient was followed up postoperatively for 14 weeks with complete regression of the neuropathy one month after surgery. An awareness of this complication should lead to improved care and successful postoperative management of patients.

Bibliography

Thorac Cardiovasc Surg 2006; 54: 501–504

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DOI 10.1055/s-2006-924100 · ISSN 0171-6425