

Trapped: Right-sided Nonrecurrent Laryngeal Nerve without Any Vascular Aberration

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Dear Editor,

The recurrent laryngeal nerve (RLN), a branch of the cervical vagus nerve enters the larynx after looping around the subclavian artery on the right and ligamentum arteriosum on the left. Damage to the RLN is one of the dreaded complications while operating on the thyroid and parathyroid gland leading to hoarseness or life-threatening dyspnea or aphonia. A nonrecurrent laryngeal nerve (NRLN) is one of the rare variations of RLN, which is reported to be 0.004% on the left side and 0.4–0.6% on the right side.¹ The right-sided NRLN is often reported along with a vascular anomaly, i.e., the absence of the right brachiocephalic trunk or arteria lusoria. Herein, we are reporting right NRLN without any vascular aberration. A 23-year-old male patient with a diagnosis of benign multinodular goiter with congenital hypothyroidism was

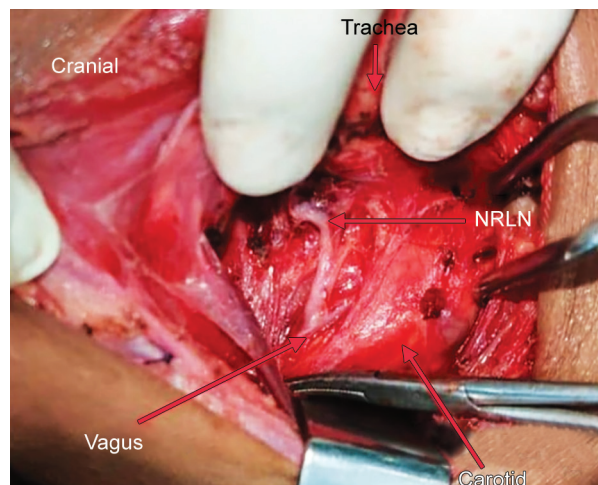


Fig. 1: Showing the NRLN arising from vagus nerve in the cervical region



Fig. 2: Showing normal vascular anatomy

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planned for total thyroidectomy. Contrast-enhanced computed tomography of the neck done to evaluate retrosternal extension showed no vascular aberrations (Figs 1 and 2). During the right lobectomy, RLN was found originating directly from the cervical vagus nerve traversing horizontally to the right lobe of the thyroid, which was meticulously dissected out and preserved. The surgery was completed and the patient had an uneventful recovery postoperatively with no hoarseness of voice. This was the second report from our department with the right NRLN without any vascular anomaly.² Therefore, knowledge of RLN, NRLN, and meticulous dissection of RLN before cutting any structure is a must while performing over thyroid or parathyroid glands to prevent postoperative complications.

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