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Lesions of the Laryngeal Nerves during Thyroidectomy - What's New?

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Abstract
Lesions to the laryngeal nerves, despite their low incidence, are the most severe long term complications after thyroidectomy. Visualization after careful dissection of the recurrent laryngeal nerve (RLN) is now the gold standard among thyroid surgeons. The Zuckerkandl tubercle (TZ) is a constant landmark for the identification of the RLN. Recent studies show the occurrence of two or more branches of RLN before entering the larynx. Knowledge about their existence could prevent lesions. Some high risk surgical situations are evidenced, such as: non-recurrent laryngeal nerve emerging high from the vagus and the superior laryngeal nerve type Cernea 2. Several examination procedures are mandatory for a complete postoperative evaluation: video laryngoscopy and laryngeal electromyography (LEMG) bring valuable objective and prognostic data. However, due to the unpredictability of the synkynesis process, the prognosis of recovery in RLN injuries remains difficult.
Key words: recurrent laryngeal nerve (RLN), superior laryngeal nerve (SLN), tubercle of Zuckerkandl (TZ), laryngeal electro-myography (LEMG)

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