

Critical Review:

In individuals with unilateral vocal fold immobility, is vocal fold medialization an effective intervention method for dysphagia?

Selection Criteria

folds) prior to and following injection. All patients showed significant improvement in dysphagia symptoms of aspiration and penetration following the post-injection study and successfully returned to full oral diet accompanied with compensatory swallowing

improvement of dysphagia by further examining patients who did not benefit from medialization for dysphagia. Overall, the evidence provided by the study is suggestive of improved dysphagia symptoms in populations with UVFI.

UVFI. This study also maintains that patients lost to follow-up may have shown improvement and may not have deemed re-assessment as necessary. Therefore, results must be interpreted with caution. Kammer et al. were the only study to analyze purely objective changes in patient dysphagia without considering subjective changes in diet and self-reported changes to the swallow. While this may provide the most accurate picture of the individuals swallow, it does not allow for the changes the patient has observed outside of assessment to be considered.

Overall, evidence is mixed as to whether vocal fold medialization is an effective method of improving dysphagia symptoms for patients with UVFI. Further research must be conducted to determine functional changes in swallowing following vocal fold medialization and the improvement of patient quality of life as an outcome measurement. It is recommended that future research should include randomized controlled designs that directly compare vocal fold medialization to traditional methods of relieving dysphagia symptoms

and limitations of medialization thyroplasty on swallowing function of patients with unilateral vocal fold paralysis. *Acta Oto Laryngologica* (12), 84-87. <https://doi.org/10.3109/00016489.2010.489575>

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Zuninga, S., Ebersole, B., & Jamal, N. (2018). Improved swallow outcomes after injection laryngoplasty in unilateral vocal fold immobility. *ENT Ear, Nose & Throat Journal* (8), 250-256. <https://doi.org/10.1177/014556131809700822>