

Brief Communication

Sudden aphonia following cesarean section under general anesthesia

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A 42-year-old primi gravida with dichorionic diamniotic twin pregnancy was admitted at 32 weeks gestation for blood sugar control. Her random blood sugar in early pregnancy was normal. A glucose screen test at 26 weeks was high. She was diagnosed to have gestational diabetes, based on a high glucose tolerance test and started on diet control. An ultrasonogram after admission showed the first fetus in vertex presentation with polyhydramnios and an estimated fetal weight of 2100 gm. The second fetus was in breech presentation with polyhydramnios and estimated fetal weight of 2380 gm. She was started on insulin in view of the polyhydramnios and large for date fetuses. The third day after admission she went into labor, monitoring in the delivery ward showed decelerations for both fetuses and she was posted for an emergency cesarean section. The cesarean section was carried out under general anesthesia, she was intubated without difficulty using cuffed endotracheal tube of cuff size 7 with cricoid pressure. Surgery was uneventful. The first was a girl baby weighing 2030 gm, apgar 7 and 9 at one and 5 minutes with a cord pH of 7.27. The second was a boy weighing 2360 gm, apgar 7 and 9 at one and 5 minutes with a cord pH of 7.26. The placenta was dichorionic, diamniotic, and the estimated blood loss was 500 ml. Both babies were shifted to the Neonatal Intensive Care Unit due to prematurity. She recovered well from anesthesia and moved to the ward after receiving 10 mg morphine sulphate in divided IV boluses, 100 microgram fentanyl, and 75 mg diclofenac sodium intramuscularly for analgesia. In the ward, she talked to the nurses and husband and complained of pain. One hour after reaching the ward, the husband reported that his wife was agitated, breathless, and could not talk. Vital signs were normal, oxygen saturation was 100%, and bedside ECG was normal. The anesthetist saw her, and she responded to verbal commands but became agitated, as she could not vocalize words. A stat dose of IV diazepam 10 mg was given followed by another dose of morphine, and she slept well for 4 hours. After waking up she was trying to speak but no voice was produced. A neurology consultation was arranged; she could understand and respond by writing but could not talk. There was no other neurological deficit. A brain MRI was normal. The ENT specialist could not find any obvious cause for the aphonia and planned for fiberoptic flexible endoscopy the next morning. A psychiatric evaluation was sought, but they could not elicit any history of psychiatric illness or similar problems in the past. The Psychiatrist planned to review her the next day. Meanwhile, she started talking

normally after waking up from sleep the next day, 30 hours after the surgery. She claimed that in the ward she was upset after having a disagreement with her husband regarding naming the babies. The rest of the hospital stay was uneventful; mother and babies were discharged in good condition.

There are various causes for acute onset aphonia such as laryngeal edema, injury, foreign body aspiration, and functional. Acute aphonia in children is often due to a foreign body lodged between the vocal cords, and is usually associated with the sudden onset of respiratory symptoms or a history of choking.¹ The term functional aphonia refers to involuntary whispering despite a basically normal larynx.² At any age from childhood to the elderly, studies report a preponderance of females presenting with this condition. Functional aphonia is mostly seen in females and is often associated with prior psychological distress.³ Various modalities of treatment for functional aphonia are mentioned in the literature such as voice facilitation, vocal education, stress management, and relaxation techniques.⁴ The return of voice may be gradual or an "overnight cure" as in our case.

Transient aphonia had been previously reported in a parturient after induction of combined spinal-epidural labor analgesia with subarachnoid fentanyl and bupivacaine.⁵ In our patient, the aphonia started suddenly after a dispute with her husband regarding the names of the babies, without any previous history of psychological problems. On literature review, there is a scarcity of other reports of sudden onset aphonia following cesarean section under general anesthesia.

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