



LARYNGEAL PARALYSIS

ABOUT THE DISEASE

In canine patients, laryngeal paralysis occurs when one or both laryngeal folds fail to function normally, causing partial upper respiratory obstruction. Recently linked to Geriatric Onset Laryngeal Paralysis and Polyneuropathy (GOLPP), a broader neurologic condition leading to progressive muscle weakness, mobility issues, and megaesophagus.

Anatomy and Function:

The larynx sits in the throat at the trachea's start—palpable as a firm, bony-like structure. It houses laryngeal and vocal folds, which normally close during swallowing and open for breathing. In paralysis, folds don't open properly on inhalation.

Clinical Signs:

Early: Caregivers hear a "roar" during normal inhales, worsening with exercise or excitement. Progression: Labored breathing, respiratory distress, cyanosis (blue gums), collapse, or death.

Risk Factors:

Dogs pant to cool off, heightening heat stroke risk in hot weather.

OBTAINING A DIAGNOSIS

Clinical history and thorough exam provide presumptive or definitive diagnosis, noting "roar" on inspiration or exercise intolerance.

Advanced Visualization:

For subtle or ambiguous cases, a sedated oral examination enables direct visualization of the dysfunctional laryngeal folds, confirming impaired abduction during inspiration.

Imaging Role:

Radiographs (X-rays) do not detect laryngeal dysfunction but are valuable for ruling out concurrent issues like bronchitis or pneumonia, which can exacerbate breathing effort. Refer to the Pneumonia document for details.

Special Considerations in Complications:

Patients presenting with heat stroke secondary to lar-par require broader systemic testing to assess for multi-organ damage, neurologic degeneration, or other GOLPP-related changes.

TREATMENT

Respiratory Distress:

Immediate intervention for respiratory distress, including, twilight sedatives/anesthetics, anti-inflammatories, oxygen therapy.

Heat Stroke:

IV fluids, cooling, hospitalization for stability.

Long-term Medical:

Anti-inflammatories, sedatives prn, limit heat/activity.

Surgical ("Tie-Back"):

Veterinary surgeon evaluates candidacy; not all qualify.

TIPS FOR SUCCESS

- Have the patient evaluated when respiratory sounds develop or worsen.
- Do not allow these patients outdoors during hot times of the day.
- Do not encourage vigorous exercise (ball, fetch, etc.)