(MRI) should be performed in the evaluation of a patient with hemifacial spasm (HFS). Unfortunately, at that time, it was not as available as it is today.

Selective neuroectomy of peripheral facial nerve branches is still one of the best procedures that can be performed in HFS with an 80 per cent success rate (Bauer and Coker, 1996). We believe that the patient must be given the choice to decide the type of operation to be performed, either the intra-cranial approach, or the selective peripheral neuroectomy.

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References

Abductor vocal fold palsy in the Shy-Drager syndrome presenting with snoring and sleep apnoea

Dear Sir,

I read with interest the excellent case report entitled ‘Abductor vocal fold palsy in the Shy-Drager syndrome presenting with snoring and sleep apnoea’ by McBrien et al. (1996). The authors rightly point out the risks associated with anaesthesia in these patients, but do not mention the reports of sudden death during sleep in Shy-Drager patients with vocal fold dysfunction and obstructive sleep apnoea. Sleep apnoea from laryngeal obstruction in Shy-Drager syndrome carries a far worse prognosis than common idiopathic sleep apnoea, and deserves further discussion.

Reports of sleep-related stridor in Shy-Drager syndrome date back to 1967 (Bannister et al. 1967). Lehrman et al. (1978) noted the association between Shy-Drager syndrome, vocal fold paresis, and obstructive sleep apnoea; although tracheostomy was planned in their patient, sudden death during sleep occurred before definitive treatment of upper airway obstruction could take place. Since 1978, several additional case reports and series have supported the concept that obstructive sleep apnoea related to vocal fold abductor paralysis can be lethal in Shy-Drager syndrome (Briskin et al., 1978; Williams et al., 1979; Kavey et al., 1989; Munschauer et al., 1990). The compelling nature of these reports has supported recommendations that symptoms or signs of obstructive sleep apnoea in these patients should be immediately evaluated by overnight polysomnography, followed by emergent tracheostomy if obstruction is demonstrated (Kavey et al., 1989). Isolazaki and colleagues (1994) have recently provided some intriguing information concerning the mechanism of laryngeal obstruction in these patients. Using a novel catheter electrode array, they demonstrated both abductor paresis (posterior cricoarytenoid muscle) as well as persistence of adductor tone (thyroarytenoid muscle) during inspiration in some Shy-Drager patients with vocal fold paralysis, raising the possibility that laryngeal obstruction in this disorder may in part be dyskinetic as well as paralytic.

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References


