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## A case report of Ortner's syndrome

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**Introduction:** Ortner's syndrome (cardiovocal syndrome), is a very rare condition that has not many cases reported, characterized by hoarseness. It is caused by vocal fold paralysis, due to stretching, pulling or compression on the left recurrent laryngeal nerve. This is a result of cardiovascular structures enlargement. The left recurrent laryngeal nerve is more frequently involved than the right nerve due to its natural anatomy, with a longer course around the aortic arch. Atrial septal defect (ASD) causing Ortner's syndrome is indeed a very rare condition.

**Case Report:** A 31 year old female patient presented with an untreated congenital ostium primum ASD, and hoarseness. Her chief complaints were 2 weeks of shortness of breath and 5 years of hoarseness. On cardiovascular examination, we could hear wide-fixed splitting with heave; S2 was sharper and louder than S1, pansystolic murmur on apex radiating to axilla, and crescendo-decrescendo systolic murmur on right sternal border. Echocardiography showed an ostium primum ASD, bidirectional shunt, moderate pulmonary hypertension, severe mitral regurgitation, and severe tricuspid regurgitation. Cardiac catheterization and oxygen test results in low flow high resistance, and non-reactive oxygen test. Indirect laryngoscopy revealed left vocal fold paralysis.

**Conclusion:** Hoarseness secondary to laryngeal nerve compression in cardiovascular disease may correlate with a poorer prognosis. Indirect laryngoscopy should be routinely performed in all cases of heart disease. Awareness of vocal changes in the setting of cardiovascular disease will improve prognosis.

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