

INTRODUCTION

- Complications from cervical RFA, while rare, include infection, bleeding, dysesthesia, dropped head syndrome¹, nerve root injury², dysphagia and hoarseness³.
- Rare complications have been documented through case reports.
- We present another rare case of dysphagia following bilateral cervical RFA.

CASE PRESENTATION

- 44-yo female with chronic axial neck pain and cervicogenic headache presented for RFA of bilateral C2, TON, C3 medial branches under fluoroscopic guidance.
- During the procedure, lidocaine 2% was used for skin anesthesia. Once needle depth was confirmed, approximately 1.0 mL of lidocaine 2% was injected at each site prior to the ablation and 1.0 mL of medication mixture comprising 9.0 mL 0.25% bupivacaine and 1.0 mL of 10 mg dexamethasone was injected at each site post ablation.
- No immediate complications were noted and patient was transported to the recovery area. Thirty minutes later, the patient reported difficulty swallowing.
- Bedside evaluation without evidence of hemodynamic instability, bleeding, hematoma, focal neurologic deficits, or hoarseness.
- The patient was made NPO and monitored until her symptoms resolved ~2.5 hours later. The patient was discharged home.
- On telephone follow up next day, patient reported no return of symptoms.

DISCUSSION

- The vagus nerve traverses on either side of the cervical vertebrae.
- In the upper neck, the vagus nerve and its branches - pharyngeal and superior laryngeal nerves - innervates muscles involved in swallowing. Glossopharyngeal nerve also travels near the vagus nerve by C1 - C2, but often anterior to vagus nerve.
- We suspect anterior spread of local anesthetic may have blocked the vagus nerve and its branches causing transient dysphagia.
- Performing bilateral cervical RFA likely increased severity of SX.

Dysphagia & hoarseness are known but **very rare complications** of cervical RFA, likely caused by inadvertent blockage of **nearby Vagus nerves and its branches** involved in controlling **vocal cords and swallowing**.

Recent changes in insurance coverage limiting number of RFAs per year have lead to more bilateral cervical RFAs being performed, which **may increase incidences of rare complications** like transient dysphagia & hoarseness.

Reducing the total volume of local anesthetics, especially when performing procedures bilaterally, may help lower this risk.

FIGURE 1

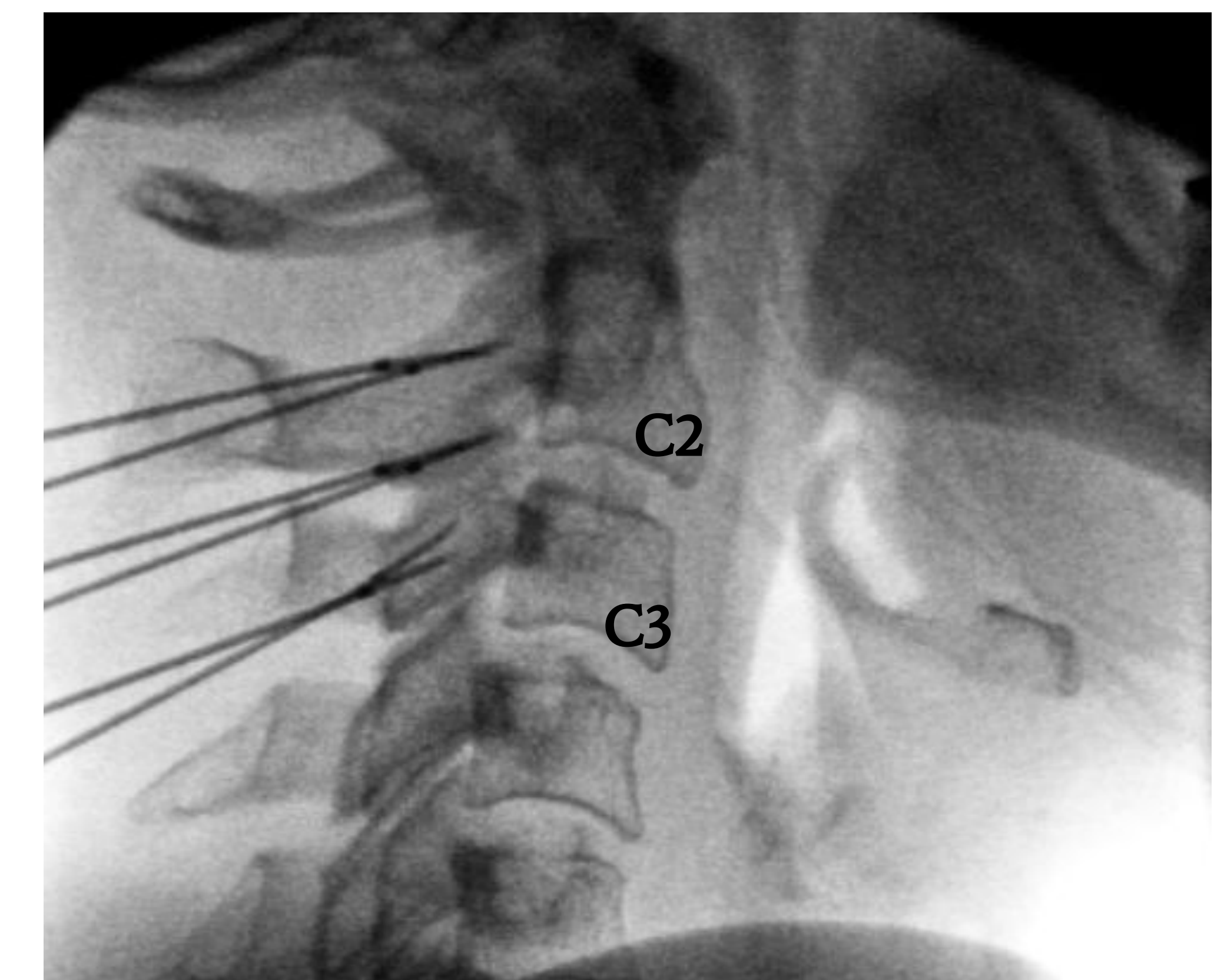
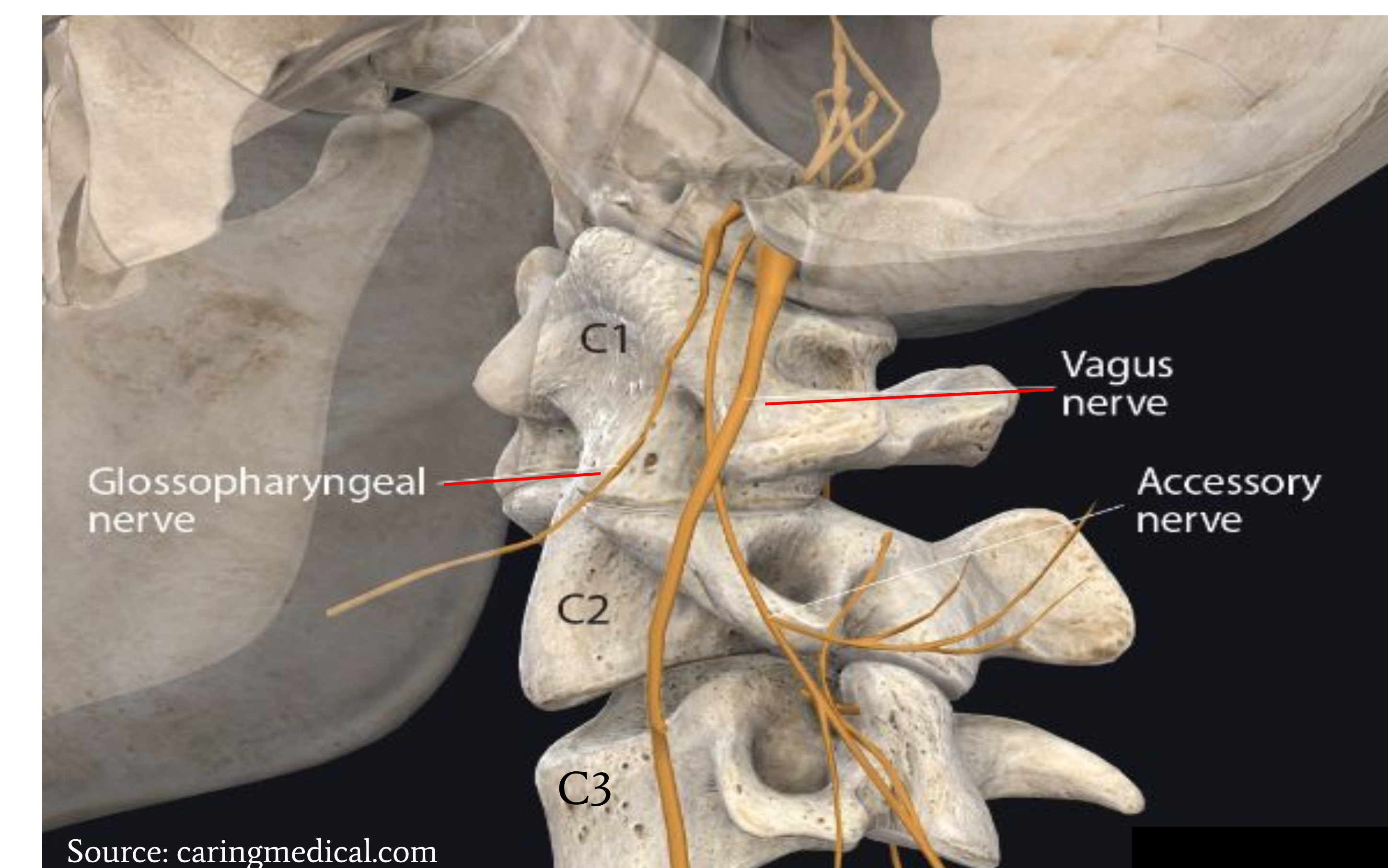


FIGURE 2



Source: caringmedical.com

REFERENCES

1. Stoker et al., 2013, J Spinal Discord Tech. doi:10.1097/BSD.0b013e31825c36c0
2. Shields et al., 2021, J Neurosurg Case Lessons. doi:10.3171/CASE2148
3. Sutton et al., 2011, J Pain. doi: 10.1016/j.jpain.2011.02.069