

Table 2. Clinical presentation of VCD

	Unilateral VCD	Bilateral VCD
Presentation of symptoms ⁶⁻⁸⁰	Days	Hours to days
Time of diagnosis ⁶⁻⁸⁰	Days following extubation	Hours following extubation
Voice characters ³²	Breathy, hoarse, weak	Normal or weak. Both cords generally lie within 2 to 3 mm of the midline, and the voice is of good quality but of limited intensity
Cough ³²	Usually inefficient	Inefficient (paramedian position) Efficient (median position)
Breathing ³²	Normal	Insufficient
Choking ³²	Present	Present (paramedian) Absent (median)
Laryngoscopic examination after intubation ³⁵⁻³⁶	Hematomas, mucosal thickening	Mucosal thickening, granulations
Frequency ⁶	About 85% of the cases	Less frequent. Almost 15% of the cases.
Swallowing dysfunction ⁶	Especially noticeable when drinking liquids	Much more noisy presentation. Correlated with insufficient breathing
Airway ³²	Airway is usually not obstructed because the normal cord abducts sufficiently	The airway is inadequate, resulting in stridor and dyspnea with moderate exertion as each cord is drawn to the midline glottis by an inspiratory Bernoulli effect. Aspiration is also a danger