Introduction:
Up to 40% of individuals with unilateral vocal cord paralysis may be asymptomatic. Mild persistent symptoms of hoarseness can be the initial signs of serious disease secondary to invasion or compression of the RLN. An RLN can be paralyzed anywhere along its course, from the brainstem to the inferior margin of the nerve. Careful evaluation of findings at CT examination, which should include the upper mediastinum. About one third of unilateral paralyses are neoplastic in origin, one third are traumatic, and one third are idiopathic. Viral neuronitis probably accounts for most idiopathic cases.

Objective:
To investigate the association between unilateral vocal cord paralysis and mediational pathology. To review the anatomical relationship of mediastinal structures to the path of the unilateral vocal cord paralysis. Correlate clinical findings with imaging/surgery/pathology. Illustrating mediastinal pathologies causing UVCP including: cardiovascular, infectious, malignant (lymphoma, thyroid and lung cancer).

Methods:
Cross sectional study, analytical held at the Occupational Health Institute. The sample consisted of patients with Unilateral Vocal Cord paralysis of sex and age between 40-80 years. Nasolaryngoscopy, CT scan, Magnetic resonance, biopsy are diagnostic methods with which we select data that result in us correlations of these two pathologies.

Results:
Study is based on the external pathology examination from unilateral vocal cord paralysis. In total 55 diagnosed patients. The sample has a greater number of male participants 58.1%. The mean age was 64.2 years. The results obtained in cases of mediastinal etiology due to unilateral paralysis of vocal: Ca pulmo 35 patients (63.3%) TBC, lymphonodule 7 patients (12%), aneurizma aortae 3 patients (5.45%), brain surgery 3 patients (5.45%), brain cancer 2 patients (3.65%), thyroidectomy 2 patients (3.65%), lung operation 1 patients (1.81%).

Conclusion:
From 199 patients which in ENT cabinet has been diagnosed with unilateral vocal cord paralysis in periods of three years, 55 of them are with mediastinal etiology. Up to 40% of patients with vocal cord paralysis are asymptomatic, the recognition of radiological findings indicative of this condition is essential for the radiologist who must warn the referring physician on the imaging findings. CT scan and magnetic resonance also can help to assessing the entire course of the vagus nerves and RLNs, including their mediastinal segments, radiologists can avoid missing causative lesions.