



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

VOCAL
HEALTH
CENTER

Department of
Otolaryngology -
Head and Neck
Surgery



17 year-old female in respiratory distress

- Onset 4 hours ago during swim meet
- Preceded by URI/bronchitis
- History of similar events but never this severe
- ED is planning to intubate, calls you out of concern for difficult airway



History

- Diagnosed with exercise-induced asthma, allergic reaction
 - Family/PCP concerned for anaphylaxis
 - Note she ate peanut butter energy bar before onset
- Associated symptoms include throat-swelling, dysphonia, lightheadedness
- Prior episodes:
 - Onset of wheezing during sports, PE class, and at school lunch
 - Resolved by stopping activity, using albuterol and epi injection (~10 minutes)
- No dyspnea between episodes



Past Medical History

- Allergies, anxiety (parents endorse, not treated), GERD, exercise-induced asthma
- No h/o intubations or prematurity

Social History

- Straight A student
- No drugs/alcohol
- Lives with grandparents, younger brother, and cat



Physical Exam

- HR 95, BP 106/58, SPO2 99%
- Sitting in stretcher in moderate distress
- Tachypneic with inspiratory stridor
- + accessory respiratory muscles
- Voice is strained

Pre-ED treatment

- Albuterol inhaler
- Epi auto-injector x2

In-ED treatment

- Epi 0.3mg
- Albuterol neb
- Racemic epi neb
- Methylprednisolone IV
- Ranitidine IV



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[video]



Diagnosis = PVFM

Treatment

1. Develop a therapeutic relationship
2. Explain the diagnosis and contributing factors
3. Speech therapy
4. Discuss and treat anxiety
5. Control reflux
6. De-escalate other medical interventions



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38 year-old woman with hoarseness

- Sudden onset 3 weeks ago
- Preceded by mild dry cough
- Cannot speak above a whisper



History

- Woke up one day without a voice
- Associated throat pain
- PCP treated for laryngitis with prednisone and PPI
- Has not improved
- No h/o dysphonia, laryngeal trauma, surgery

Past Medical History

- C-section, tubal ligation
- Lumpectomy benign breast mass
- No meds

Social History

- Works in a call center
- 2-3 EtOH per week
- Occasional marijuana



Physical Exam

- Vitals normal
- Well appearing, no distress
- HEENT exam WNL
- Voice is severely strained, breathy, essentially aphonic/whisper



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- [video]



Diagnosis = Functional dysphonia

Treatment

1. Develop a therapeutic relationship
2. Explain the diagnosis
3. Speech therapy
4. Discontinue PPI and steroids