

CASE

Meredith Montero Brandt, MD

- ▶ 74 year old man who initially present for dysphonia and diagnosed initially with laryngopharyngeal reflux.
- ▶ He has a history of a cholecystectomy in January 2019. He developed bronchitis immediately after surgery and shortly afterwards noted voice changes, no prior history of dysphonia
- ▶ He was treated with ranitidine BID without improvement
- ▶ He is a retired college professor
- ▶ His voice worsens with progressive voice use and he develops strain
- ▶ He denies any bouts of complete voice loss, but notes a forced whisper
- ▶ He endorses increased vocal effort and some degree of vocal fatigue

PHYSICAL EXAM

Healthy 74 year old, moderately strained voice

HEENT: Normal, unremarkable findings

Videostroboscopy as follows



VIDEOSTROBOSCOPY EXAM



GRANULOMAS

Non-cancerous growths composed of inflammatory cells, typically found over the arytenoid cartilage

Response to trauma (such as an intubation)

May be secondary to laryngopharyngeal reflux, chronic cough or throat clearing

May arise from processes that lead to forceful glottic closure, such as vocal fold paresis/paralysis and presbylarynx

Typically does not affect the mucosal wave or phase closure



TREATMENT

Maximize treatment for reflux

May possibly require the addition of inhaled steroids

Speech therapy

Botox to the thyroarytenoid muscle

Surgery

- Persistent dysphonia despite medical treatment

- Concerns for malignancy

- High recurrence rate



CASE

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- ▶ 42 year old man who presented with a 2 year history of dysphonia, began while living in Texas
- ▶ He had been seen by several ENTs and diagnosed with laryngopharyngeal reflux
- ▶ He has completed several different trials of PPI and H2 blockers without any improvement in his voice
- ▶ He reports having significant vocal strain and difficulty projecting his voice
- ▶ He has limited speaking on the telephone due to difficulty
- ▶ He voice sometimes improves with progressive voice use and he develops SOB with prolonged speaking, he may feel dizzy
- ▶ He has near complete bouts of voice loss
- ▶ He denies increased vocal effort or vocal fatigue

PHYSICAL EXAM

Healthy 42 year old, significantly strained voice

HEENT: Tonsillar hypertrophy

Videostroboscopy as follows



VIDEOSTROBOSCOPY EXAM



RECURRENT RESPIRATORY PAPILOMATOSIS

Typically benign and arise from HPV strain 6 and 11

Bimodal age distribution, one peak below the age of 5 and the other in the fourth decade

Malignant transformation may occur with HPV strains 16 and 18

May spread to other sites in 10% of cases such as the supraglottis, trachea and nasopharynx

Guarded prognosis as the disease is often persistent and recurrences can occur within weeks

TREATMENT

Surgical excision

Techniques vary including CO2 laser and microdebrider

Adjuvant treatment has been used including Cidofovir

Speech therapy

HPV vaccination

