

Did you know?

The latest from the field of otolaryngology

Reflux Laryngitis

In the last two decades, the medical community has developed keen awareness of extraesophageal manifestations of acid reflux disease. This “atypical reflux” is now recognized as distinctly different from typical GERD. In 1968, there was a description of a relationship between contact ulcers and granulomas of the larynx with reflux. Then, in 1989, Weinert documented PH findings of reflux in the laryngopharynx. In 1991, Kaufman pioneered research into reflux laryngitis.

Symptomatically LPR (laryngopharyngeal reflux) is very different from GERD (the symptoms of which are primarily linked to esophagitis). The LPR patient is likely to have only 25% incidence of esophagitis which evokes symptoms such as heartburn. Common presenting symptoms of LPR are: hoarseness, globus pharyngeus, cough, sore throat, and chronic throat clearing. LPR patients are upright (daytime) refluxers, unlike their GERD counterparts that are predominantly supine (nocturnal) refluxers.

Diagnosis of LPR is made by relevant history and laryngeal exam. The classic findings on laryngeal office endoscopy are: posterior commissure hypertrophy (pachyderma), persistent secretions, vocal process and aretynoid erythema, obliteration of laryngeal ventricle, and contact ulcers and granuloma of vocal cords. (See figure 1). Of course, ambulatory 24-hour double probe (esophageal and pharyngeal) PH monitoring remains the gold standard for the diagnosis of LPR.

Proton pump inhibitors (PPI’s) have become the cornerstone of LPR treatment. The therapy needs to be more aggressive and prolonged than GERD treatment. Twice daily therapy is recommended for a minimum period of six months.

Some studies show that fewer than one-half of patients on PPI’s were completely asymptomatic four months into their therapy.

Behavioral modifications that include elevation of the torso in bed, maintenance of an ideal body weight, avoidance of late night meals, tobacco, fatty foods, spices, alcohol, and caffeine are an important part of chronic treatment of all forms of acid reflux disease.

Finally, those patients that fail aggressive pharmaco therapy for LPR may benefit from surgical treatment of fundoplication.



A granuloma caused by reflux is noted on the left vocal cord of a patient with LPR. The image was obtained using videostroboscopy.



Tiger striping of the postcricoid area is seen in this videostroboscopic image.

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