

HOARSENESS “DYSPHONIA”

Hoarseness also known as “*Dysphonia*”, or difficulty with the voice, is described as a raspy voice, breathy voice, weak voice, vocal fatigue, strain, voice spasm or tremor due to changes in the voice box or larynx and vocal cords. Numerous causes can lead to dysphonia. Most causes are benign (non-cancerous) and include:

- ▶ **Acute Laryngitis:** A self-limiting viral infection of the voice box.
- ▶ **Gastroesophageal Reflux or Laryngopharyngeal Reflux (LPR):** In LPR, acidic material transits from the stomach through the food pipe or esophagus and causes the voice to swell. In many instances possible **50%** of the time, classic heartburn may not be experienced, called “*Silent Acid Reflux*.”
- ▶ **Vocal Cord Nodules:** Callus, firm growths due to voice “misuse” such as excessive talking, shouting or throat clearing seen commonly in singers and teachers “Voice Users”.
- ▶ **Vocal Cord Polyp, Cyst or Scar (Sulcus Vocalis)**
- ▶ **Muscle Tension Dysphonia (MTD):** Increased muscle tension and use of muscles surrounding the vocal cords which can lead to hoarseness, weakness, strain and achy muscles in the neck.
- ▶ **Hoarseness of Advancing Age (Presbylarynx):** Age related thinning of the vocal cords, which may cause change in the character or pitch of the voice, weakness, fatigue, or strain. Thinning of the vocal cords can occur with steroid inhalers.
- ▶ **Spasmodic Dysphonia:** Involuntary spasm or contraction of the vocal cords, which typically results in broken and fragmented speech.
- ▶ **Vocal Cord Paralysis:** Which may be spontaneous, due to a stroke, resulting from a tumor, due to a neurologic condition such multiple sclerosis, or from a viral infection.
- ▶ **Vocal Cord Cancer:** More likely to occur in those who are smokers or have a prior history of smoking.
- ▶ **Auto-Immune Conditions:** Certain auto immune conditions such as rheumatoid arthritis, sarcoidosis, amyloidosis, or Wegener’s disease can have manifestations in the voice box.

DIAGNOSIS

An office procedure called a “video” laryngoscopy/stroboscopy to inspect the appearance and function of the vocal cords is an important diagnostic procedure. This procedure is repeated during treatment.

TREATMENT

- ▶ **Voice Therapy/Behavior Modifications:** Conducted by a speech language pathologist or voice coach creating good vocal habits and to prevent vocal abuse.
- ▶ **Medications:** Anti-inflammatory steroids, treatment of acid reflux, or treatment of allergies.
- ▶ **Biopsy:** May be indicated to diagnose and treat any nodules, polyps, granulomas, and lesions.
- ▶ **Injection Laryngoplasty:** Injection of “filler” material to “bulk” up the thinning vocal cords or paralysis.
- ▶ **Botox:** To give the vocal cords a rest and allow new nerves to grow with improved function.
- ▶ **Red Flag Symptoms:** Prompt immediate evaluation include pain, difficulty breathing, sensation of a lump in the throat, difficulty swallowing, noisy breathing also known as stridor, blood in the saliva, or a history of smoking.