

TITLE:
**CONTROVERSY: HOARSENESS AND REFLUX - IS THERE ANY
SCIENTIFIC RELATIONSHIP?**

Chair:

James P. Thomas¹

¹Voicedoctor.net, Portland, Oregon, USA

Thomas@voicedoctor.net

Panel members:

Markus Hess¹, Marc Remacle², Abie Mendelsohn³

¹Deutsche Stimmklinik, Hamburg, Germany

²Dept. ORL, CHL-Eichterry, Luxembourg, Luxembourg

³School of Medicine at UCLA, Los Angeles, California, USA

¹hess@stimmklinik.de, ²remacle.marc@chl.lu ³amendelsohn@mednet.ucla.edu

Summary:

Purpose...

There is a widely held belief that reflux may somehow be related to the complaint of hoarseness. Is there substantial scientific evidence to support this belief? 4 clinicians will discuss the scientific evidence for and against reflux as a plausible cause of voice changes (hoarseness).

Outcome objective:

Upon completion of this session, participants should be able to.

... Think critically about the proposed scientific relationship between changes in voice and reflux.

... understand how physics, endoscopy and sound production relate to defining a diagnosis as a cause of hoarseness.

Content:

Questions to be discussed (most associated with a short video clip)

What is the strongest evidence that persuades you that reflux laryngitis is a cause of voice disorders? A paper? Personal experience? some other evidence?

Is redness a factor in your decision-making on stroboscopy and endoscopy of the larynx? What role does redness play in sound production or vocal cord oscillation?

Does interarytenoid pachydermia play a role in your decision-making? How might interarytenoid pachydermia impact sound production?

How do you identify glottic edema?

Is there proposed mechanism that better explains central vocal cord swellings such as nodules and polyps than talkativeness and vocal trauma alone?

What changes do you notice on endoscopy, which strongly suggest reflux is impairing the voice?

Does mucus on the larynx persuade you that reflux is present or not?

Thinking about the statement that, "All sound impairment has to come from a mechanical change in vibration."

A) Is that statement believable? If not, why not?

B) If believable, how might reflux alter vocal cord vibration and what would the endoscopist look for?

Thinking about the statement that, “Much of today’s apparent belief in reflux laryngitis is dependent upon endoscopy artifact and as equipment and examinations improve, mechanical causes of sound impairment will be identified displacing the common diagnoses of GERD, Silent Reflux and LPR.” Please comment on whether or not particular video clips were persuasive or not persuasive.

Sent to: roundtable.pevoc12@debuckagency.com