

عنوان مقاله:

Role of PH Monitoring in Laryngopharyngeal Reflux Patients with Voice Disorders

محل انتشار:

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خلاصه مقاله:

Introduction: Laryngopharyngeal reflux (LPR) is considered an important cause of voice disorder. We aimed to determine the frequency of LPR in patients with voice disorder and the association between Koufman Reflux Symptom Index (RSI), Reflux Finding Score (RFS), gastroesophageal reflux disease (GERD), and proximal acid reflux in these patients. Materials and Methods: We performed a prospective study in patients aged more than 18 years presenting at the ear, nose, and throat (ENT) clinic with a change in voice lasting more than 3 weeks. All patients underwent nasopharyngolaryngoscopy and a dual-probe esophageal pH study. LPR was diagnosed by a Koufman RSI of > 13 and/or RFS of > 7 . GERD was diagnosed according to a DeMeester Johnson score of > 14.7 . Proximal acid reflux was diagnosed if acid exposure time was $> 0.02\%$ in a proximal pH probe. Results: The study included 30 patients with a voice disorder. The mean age of participants was 38.5 years and 40% of patients were female. Using either of the two criteria, LPR was present in 46.7% of patients, half of whom had GERD. Among the remaining 53.3% patients with a voice disorder and no evidence of LPR, GERD was present in 25%. There was no significant association between the presence of LPR based on RSI ($P=1$) and GERD or RFS and GERD ($P=0.06$). Proximal acid reflux was present in only 10% patients with a voice disorder, and there was no significant association of this test with RFS ($P=1$) or RSI ($P=1$). Conclusions: Approximately half of the patients with a voice disorder have LPR, and only a subset of these patients have evidence of GERD. Fiberoptic laryngoscopic findings (RFS) complementing RSI appears to be important in diagnosing possible reflux etiology in voice disorders and can be an indicator for instituting anti-reflux therapy. However, there is no significant association between RSI, RFS, and GERD suggesting that these tests evaluate different features of the disease. Proximal acid reflux is uncommon in patients with voice disorder based on current measurement criteria. Acid exposure time as measured in the proximal probe of a 24-hour dual pH probe may need to be re-evaluated as one of the diagnostic criteria for LPR

کلمات کلیدی:

Dysphonia, Esophageal pH Monitoring Received, Gastroesophageal reflux, Laryngopharyngeal Reflux

لینک ثابت مقاله در پایگاه سیویلیکا:

