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REFLUX RELATED ENT PROBLEMS

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Introduction:

Laryngopharyngeal reflux is the retrograde flow of stomach contents into larynx and pharynx above the upper esophageal sphincter (UES) leading to a variety of ENT problems. It is highly prevalent and expensive disease and currently almost like an epidemic. It is usually caused by failure of the natural physiological barriers letting the refluxate to travel up through UES.

Discussion:

Reflux Laryngitis is still to date a controversial diagnosis because of the lack of specificity in the presenting symptoms, clinical signs as well as in the diagnostic procedures available. It has been implicated in variety of common ENT problems like hoarseness, coughing, globus sensation, throat clearing, Reinke's edema, muscle tension dysphonia, chronic sinusitis, otitis media with effusion, obstructive sleep apnea and even in recurrent respiratory pappillomatosis, laryngeal and pharyngeal carcinomas.

The presenting symptoms usually are hoarseness, throat clearing, sore throat, globus, dysphagia and breathing difficulties. The common clinical findings are edema and erythema of the posterior larynx, subglottic edema, edema or congestion on vocal cords and thick endolaryngeal mucus, however all these appear to be non-specific.

Reflux symptom index and Reflux finding score have been used to aid in the diagnosis.

The gold standard investigation in the diagnosis is considered to be pH monitoring but its interpretation and correlation with the disease has also been doubtful. Other investigations available are esophageal impedancemetry, esophagoscopy and sensitive pepsin immunoassay.

Treatment is done high dose proton pump inhibitors, antacids and dietary and lifestyle modifications. However evidence shows a lot of placebo effect and non-responders even with long term treatment.

Conclusion:

To conclude Laryngopharyngeal reflux remains a very controversial topic to discuss with continuous new innovations in its diagnosis and management. Further discussions in forums not only with otolaryngologists but also other fields like gastroenterology, pulmonology etc will be beneficial.

Keywords: Laryngopharyngeal, esophagoscopy, endolaryngeal mucus

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Biography:

I, Dr Lekha Kapoor, am a professionally qualified ENT (Otolaryngology) Surgeon with more than 20 years of hands on Ear Nose and Throat experience.

I started my Otorhinolaryngology training at the prestigious Seth GS Medical College and KEM Hospital in Mumbai in 1998. Here I gained extensive clinical, operative and educational Otorhinolaryngology skills.

After completing my Masters in Surgery (Otorhinolaryngology section) from Mumbai University, I moved to London, UK in 2001. Here I worked for 6 years and received further ENT training. I completed my DOHNS exams from Royal College of Surgeons of England and then MRCS from Royal College of Surgeons of Edinburgh.

With keen interest in Laryngology I completed my MSc in Voice Pathology with Distinction under eminent Laryngologist Mr John Rubin from University College London in 2007.

Since then for refreshing my academic knowledge and learning new perspectives and innovations in the field I have been attending regular hands-on surgical workshops and conferences.

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