

Hoarse Voice

by Dr Ravi Seshadri

Taking care of the dysphonic patient in a family practice

A normal voice is one that is appropriate in pitch, loudness and quality for a person's age, gender and culture. Changes in pitch, quality and loudness often signal a voice problem. Persons with voice disorders may face difficulties talking in their usual manner. They would complain that their voice has become hoarse and occasionally experience tiredness or pain in their throats.

Voice disorders can be classified as functional or organic. The majority of voice problems are functional. That means the disorder has arisen due to a problem in the usage of the voice. This often leads to injury to the medial edge of the vocal folds and can give rise to vocal cord nodules or occasionally polyps. Organic problems relate to a physical cause or medical problem such as acute laryngitis, vocal fold paralysis and sometimes due to cancer.

Dysphonia is a disorder of phonation as opposed to dysarthria, which is a disorder of articulation. This article is about dysphonia.

Taking Care of the Hoarse Voice

The approach to someone with a hoarse voice is as follows:

- History
- Examination
- What can you offer
- When to refer

- What can we offer (or what can you advise the patient to expect when they are referred to the specialist)

History

Other than getting the patient's particulars (i.e. name, age, sex and occupation), the most important question one has to ask is the onset of the hoarseness. Whether it is acute or chronic (sudden onset or gradual)? Acute onset problems are more likely to be caused by inflammation/infection (acute laryngitis) or haemorrhage, and very rarely by psychological causes. Gradual onset problems are more likely due to functional problems, like vocal misuse, vocal cord nodules, cysts or polyps. Occasionally, this could be due to cancer too. However, on rare occasions, the person with a gradual onset of hoarseness, can progress quickly to stridor due to cancer when the tumour starts obstructing. One should be aware of this. Thus in the history, it would always be pertinent to ask about breathing issues.

The patient should also be asked about any recent history of respiratory illness, smoking issues, dysphagia (difficulty in swallowing), odynophagia (painful swallowing), acidity issues, alcohol intake and occupational hazards (teachers especially). Anyone who smokes and has a voice problem with swallowing issues would definitely require an ENT consult as soon as possible. Other important things to note in the history, especially for singers, would be a singing history and whether the patient sings regularly with a karaoke machine. If a patient is someone who talks regularly, then this would be an important point to note (lecturers, teachers, trainers, etc). One should never forget to take a history pertaining to the ear, nose and throat areas. It is always important

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in someone with a gradual onset of voice problem whether he/she has a hearing issue. Thus, in the examination the doctor should always look into the ears. A dietary history is essential, and in housewives it is important to note if there are young children around the house (especially if they are raising their voice or screaming at the children).

A past history of anything surgical pertaining to the head and neck area is important, and any previous history of neurological disorders should be asked about.

Examination

During examination, the doctor should examine as much as possible the ear, nose and throat areas. It would be necessary too, to check on the vital parameters (especially pulse rate, blood pressure and temperature) – check for evidence of rhinitis and infection. Listen and auscultate the lungs to check for respiratory issues. Examine and palpate the neck for masses. It is not expected for the doctor in a general practice to examine the larynx. However, if the physician has had ENT training before and has accessibility to a head light and a laryngeal mirror, then this would be a useful tool to examine the patient with.

Treatment

Treatment would be targeted towards the cause of the problem. The doctor would have to treat any URTI, rhinitis and reflux that have been diagnosed. If the cause is an acute laryngitis, then this would possibly require antibiotics and perhaps a short course of oral steroids. Patient should be advised to hydrate well and have a good dietary hygiene while he or she is recovering. Avoidance of alcohol, smoking and caffeine would be helpful. Lozenges do not help at all and can cause dryness instead.

Referral

If there is stridor or breathing difficulties, then the referral should be immediate. Best to call the specialist directly and have a verbal consult before sending the patient across. Anyone with a gradual onset of hoarseness with associated history of smoking, alcohol consumption, dysphagia (or odynophagia) and with neck masses should be referred as soon as possible. In any situation, anyone with more than a two to four-week history of voice problem that is not going away despite treatment should be sent in for an ENT/voice consult.

SPOTLIGHT

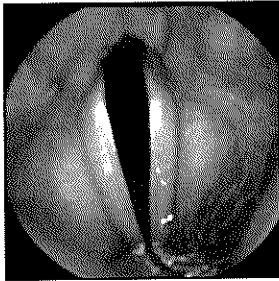


Figure 1. Normal vocal cords

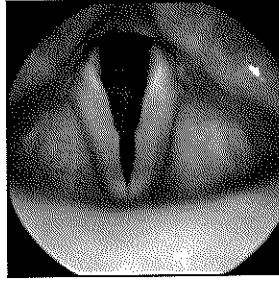


Figure 2. Vocal cord nodules (small vocal cord nodules, Functional problem, best treated with speech therapy)

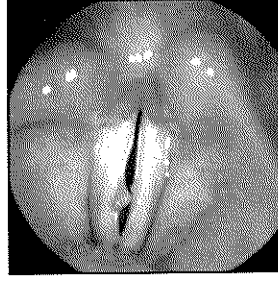


Figure 3. Right vocal cord haemorrhagic polyp – this usually arises from vocal abuse or smoking. A short course of antibiotics, with oral steroids and voice rest may help. If it is persistent, then surgery is advocated.

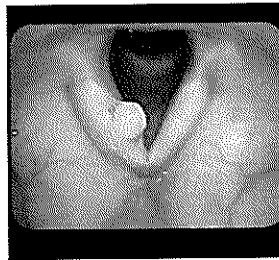


Figure 4. Right vocal cord intra-cordal cyst – this type of problem usually causes a very hoarse voice. Surgery is advocated here.

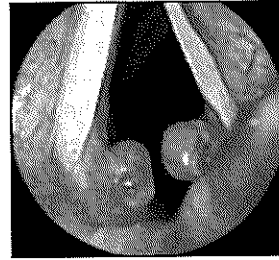


Figure 5. Bilateral intubation granulomas – this problem has arisen due to injury to the mucosa of the posterior glottis during intubation. This patient was treated conservatively with proton pump inhibitors and the problem resolved after a month.

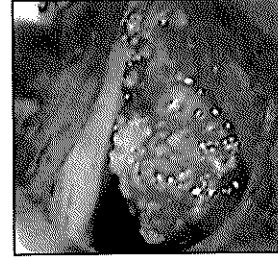
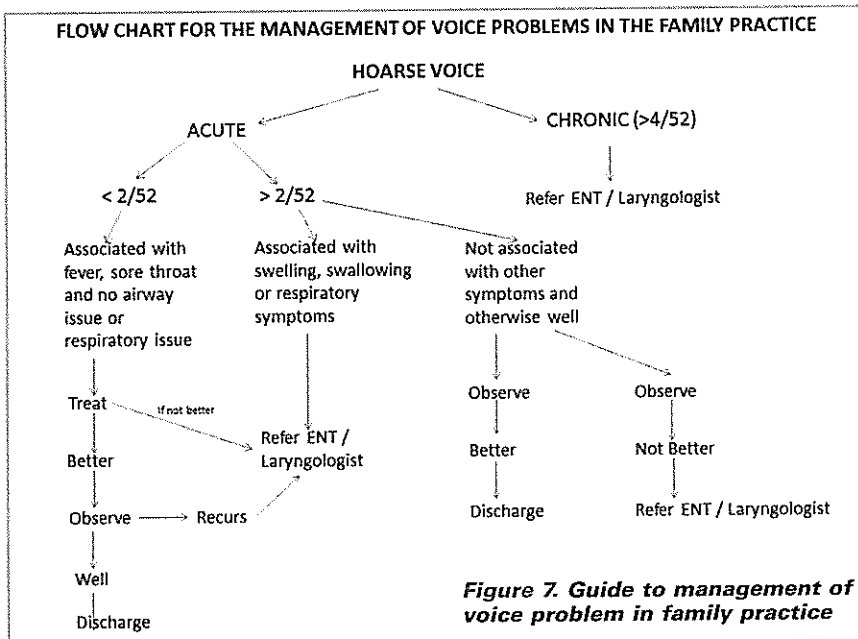


Figure 6. Cancer of the larynx (left vocal cord) – this problem required urgent surgery. Endo-laryngeal surgery was done. Biopsy was taken (and proven to be cancer), and the tumour was debulked for better airway. Subsequently, the patient was sent for radiotherapy.

What can the specialist offer?

The ENT surgeon/voice specialist/laryngologist has the required equipment (flexible endoscopy and laryngovideostroboscope) and knowledge to examine the voice in detail. He can also decide whether the patient can be treated conservatively or if surgery is required (or in cases of neurological issues whether botox injection is required). He would have the contacts for speech therapy referral if the need requires. I have appended pictures of some common conditions that I see regularly [Figures 1 to 6]. A flow-chart as to the management of voice problem in the family practice is also appended as a guide [Figure 7]. **MG**



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