

HOARSENESS

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Hoarseness most commonly results from **acute laryngitis**, following an upper respiratory tract infection or voice trauma. With voice rest and symptomatic treatment, this should resolve in 2 to 3 weeks.

Persistent hoarseness may represent significant and even sinister pathology and needs to be taken seriously and investigated further.

Causes

- Acute laryngitis: Upper respiratory tract infection *
- Acute voice abuse
- Steam / smoke / chemical inhalation

- Chronic laryngitis Smoking *
- Voice abuse / overuse
- Reflux
- Other irritants

- Neoplastic Benign - vocal cord polyps / nodules **
- Malignant - carcinoma of the larynx *

- 1. Neurological RLN - brainstem *
- skull base
- neck
- chest

- Psychogenic

Approach

Less than 3 weeks duration - treat as laryngitis

More than 3 weeks duration - need for **visualisation of cords** and to exclude sinister pathology

- stop smoking
- investigate for reflux
- cease voice abuse

Most often needs referral to Otolaryngologist

Appropriate treatment (once diagnosis is made)

- **Identify cause** and treat relevant pathology
- **Vocal abuse / chronic laryngitis** - behaviour modification (qv)
 - stop smoking
 - Speech Therapy
- + **vocal cord nodules / polyps** - + Otolaryngologist
- **Laryngeal carcinoma** - refer to Otolaryngologist for appropriate management
- **Psychogenic** - exclude organic pathology and refer to Speech Therapist and Psychologist / Psychiatrist

Behaviour modification:

stop smoking
avoid dry, smoky, loud environment
hydration (carry water bottle if necessary)
inhale steam
“warm up” voice - don’t overuse early in morning
don’t overuse when there is URTI
avoid shouting, screaming and whispering

HOARSENESS IN CHILDREN

- “Screamer’s” nodules - modify patterns of voice use / abuse
 - Speech Therapy
- Behavioural reasons - refer to Social Worker / Psychologist