

SECONDARY FUNCTIONAL VOICE DISORDERS-VOCAL FOLD PARESIS

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ABSTRACT

INTRODUCTION

Functional voice disorders are defined by the absence of organic laryngeal pathology. The diagnosis depends on how complete is the diagnostic process. Traditionally two forms of functional disorders have been described. Primary cases involve the absence of concurrent organic vocal fold lesion, whilst secondary indicate the presence of this condition. Muscle tension dysphonia (MTD) is the most frequent condition of the group.

Vocal fold paresis is often a challenging diagnosis that can be suspect by some endoscopic signs and can present as a functional disorder. Laryngeal EMG remains the gold standard to rule out the presence of neurogenic lesions of the vocal folds

METHODS

A retrospective review was made of all patients evaluated in the voice clinic of our hospital with a diagnosis of primary MTD, during a 10-year period. All of them, a total of 189 patients, received voice therapy, in case of no improvement and without suspicion of other diseases, LEMG was performed. A detailed study of patients with neuropathic findings among the series was made.

RESULTS

183 patients were diagnosed of primary MTD with mobile vocal folds. Twenty nine patients presented nervous injury among 80 patients who underwent LEMG. Of these 29, in laryngeal video endoscopy 69% of patients presented endoscopic signs of vocal fold paresis with MTD pattern and 31% of patients just had a MTD pattern. Regarding medical history, 65.5% of patients related previous neck or thoracic surgery as trigger.

CONCLUSIONS

There is subtle vocal fold paresis in patients with primary MTD. The most appropriate procedure to rule out the diagnosis is laryngeal electromyography. According to our data, the suspicion of vocal fold paresis must be higher in patients with neck surgery history.