

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/pepo

Case report/ Kazuistyka

An unusual cause of hoarseness of voice in a pediatric patient – A case report

Santosh Kumar Swain^{1,*}, Mahesh Chandra Sahu², Kabikanta Samantray³

¹Department of Otorhinolaryngology, IMS and SUM Hospital, Siksha “O” Anusandhan University, Odisha, India

²Directorate of Medical Research, IMS and SUM Hospital, Siksha “O” Anusandhan University, Odisha, India

³Department of Otorhinolaryngology, KIIMS, Bhubaneswar, Odisha, India

ARTICLE INFO

Article history:

Received: 29.08.2016

Accepted: 28.09.2016

Available online: xxx

Keywords:

- Reinke's edema
- Hoarseness of voice
- Gastroesophageal reflux

ABSTRACT

Reinke's edema (RE) is a benign polypoidal lesion of the vocal folds. The vocal folds show a white and translucent edema, confined into the superficial lamina propria. The lesions usually affect both vocal folds with fusiform appearance and even mobile during phonation. Hoarseness of voice is the most common clinical presentation in RE. Patients usually present with characteristic low, raspy, or rough voice. RE is often associated with smoking habit, gastroesophageal reflux and voice abuse. RE is typically occurs in middle-aged male or post-menopausal women who have a long-term history of cigarettes smoking, whereas RE is uncommon among children. We hereby report a case of RE in a 10-year-old boy.

© 2016 Polish Pediatric Society. Published by Elsevier Sp. z o.o. All rights reserved.

Introduction

Reinke's edema (RE) is a benign disease of the larynx causing diffuse polypoidal degeneration of vocal folds. Usually it is bilateral and characterized by edematous changes in the superficial layer of lamina propria, leading to balloon like appearance of vocal folds. It is usually caused by chronic smoking, vocal abuse and gastroesophageal reflux. Patients of RE usually presents with a rough quality voice and low fundamental frequency. Reinke's edema is named after the anatomist Reinke [1], who demonstrated the morphological study of the subepithelial connective tissue of the vocal fold. RE is also called as polypoid degeneration, polypoid hypertrophy or polypoid cordites [2]. It often occurs in both vocal folds or sometimes limited to one vocal cord particularly at

early onset. Etiopathogenesis of RE is not confirmed till now. Most common etiological factor for RE is smoking. The mechanism for onset and development of RE is still unclear [3]. Although RE is often cause for voice changes in adult, but rare among children. We report a case of RE in a 10-year-old boy who presented with hoarseness of voice.

Case report

A 10-year-old boy attended the out patient department of Otorhinolaryngology with complaints of hoarseness of voice since 3 months. He had not any other complaints. He had no habit of smoking but his father is a chronic smoker who often smokes in his house. He was class monitor and has history of voice abuse. He had no symptoms of

* Corresponding author at: Department of Otorhinolaryngology, IMS&SUM Hospital, Kalinga Nagar, Bhubaneswar-3, Odisha, India. Tel.: +91 9556524887.

E-mail address: santoshvoltage@yahoo.co.in (S.K. Swain).

<http://dx.doi.org/10.1016/j.pepo.2016.09.012>

0031-3939/© 2016 Polish Pediatric Society. Published by Elsevier Sp. z o.o. All rights reserved.

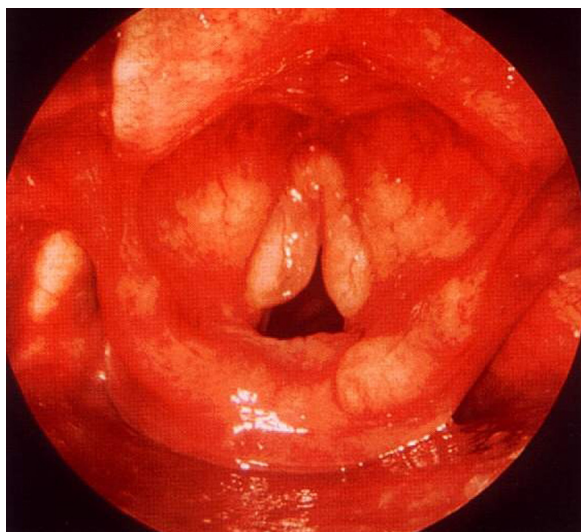


Fig. 1 – Endoscopic laryngeal picture showing Reinke's edema in both vocal cords

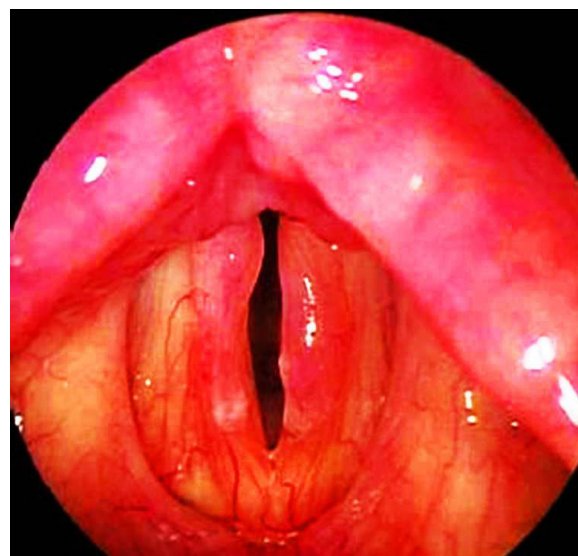


Fig. 3 – One week post operative photograph of endoscopic laryngeal picture of patient

gastroesophageal reflux. General physical examination was unremarkable. Fiber optic nasopharyngolaryngoscope showed bilateral vocal cords swollen and polypoidal appearance (Fig. 1). Bilateral vocal cords are mobile and other parts of larynx were normal. Neck was normal on examination and rest of ear, nose and throat examination revealed no abnormality. Routine blood investigations were within normal limits. Thyroid function test was normal. He had taken speech therapy for six months but voice was not improved to after therapy. He was planned for surgery. The CO₂ laser surgery was performed under general anesthesia (Fig. 2). The incision was made 1–2 mm posterior to anterior commissure which is ended at 1 mm from the posterior commissure. After making incision, gentle suction was done to remove gelatinous fluid. Once suction completed, the same surgery was done on opposite vocal cord. Postoperative evaluation was done after one week (Fig. 3) and sixth month (Fig. 4). He

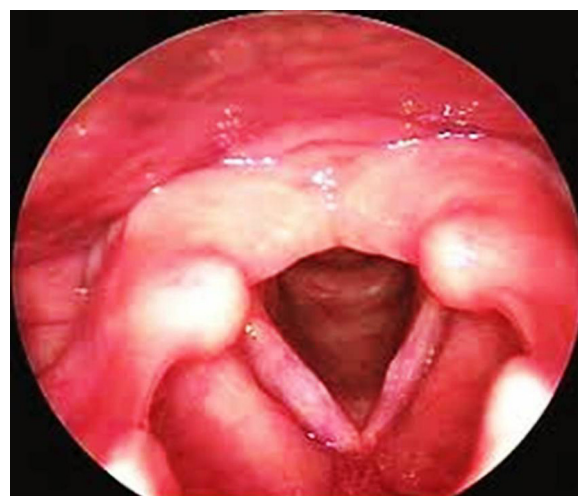


Fig. 4 – Six month post operative photograph of endoscopic laryngeal picture of patient

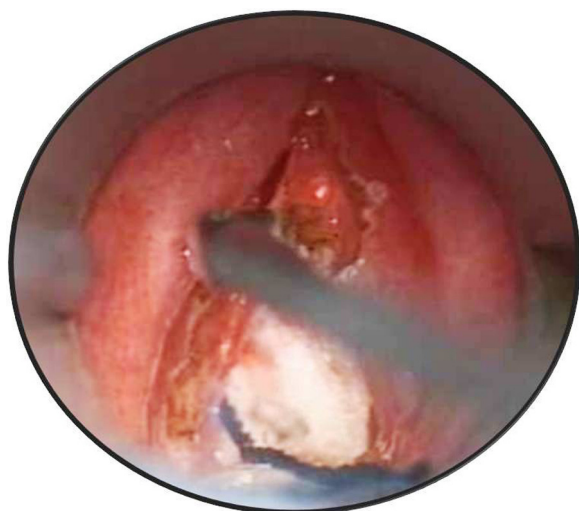


Fig. 2 – Intra operative view of Reinke's edema

had no evidence of edema of the lamina propria. He was advised for avoiding the passive smoking and voice abuse. Laryngeal video endoscopy showed close to normal mucosal waves in vocal folds. There was recovery of loudness and pitch of voice to normal range. Voice changed from rough, breathy to normal, near-normal voice. His parents were satisfied with the voice outcomes.

Discussion

RE is a benign lesion of the vocal folds, commonly seen among chronic smokers, especially women. RE is comparatively common cause of voice disorder among middle age population. RE is often caused by chronic heavy smoking and

Download English Version:

<https://daneshyari.com/en/article/8579777>

Download Persian Version:

<https://daneshyari.com/article/8579777>

[Daneshyari.com](https://daneshyari.com)