Management of Laryngopharyngeal Reflux Disease

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Objective: To evaluate the efficacy of medical, dietary and lifestyle modification therapy given to Laryngopharyngeal reflux (LPR) patients.

Setting: Private clinic, Al-Khobar, Saudi Arabia.

Design: Prospective study.

Method: Twenty-two LPR patients were examined and treated by the author. Patients' larynges were evaluated by either video endoscopy, endoscopy only or indirect laryngoscopy. Belafsky Reflux Finding Score (RFS) and Reflux Symptom Index (RSI) were used to assess symptoms, findings and improvements. The patients were treated with 40 mg Proton Pump Inhibitor (PPI), dietary and lifestyle modification therapy for at least 3 months.

Patients were followed up monthly for the first 3 months and then bimonthly for the rest of the year. Improvements were assessed using the RFS and RSI, the scale was from 0-3.

Result: Twenty two patients with suspected LPRD were included in the study, 15 males and 7 females; the mean age was 40 year. Eleven had video endoscopy, 8 endoscopy and 3 indirect laryngoscopy (rigid fibro-optic). The main symptoms were hoarseness, throat clearing, cough and heartburn. The main findings were laryngeal redness, vocal cord (VC) edema, posterior commissure and arytenoid erythema and edema. Thirteen patients were adherent to management and follow up program, nine were excluded. All the 13 patients showed subjective and objective improvement ranging from good to excellent. One patient developed VC polyp and had to be removed surgically. The mean follow up (FU) was 6.5 months.

Conclusion: The study showed that 40 mg PPI (Nexium tablet) per day for at least 3 months combined with diet and lifestyle modification therapy were sufficient to improve the symptoms of laryngopharyngeal reflux. RFS and RSI are excellent tools to assess improvement. Long term FU is needed to achieve a satisfactory outcome.

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