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RESEARCH ARTICLE

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ANALYSIS OF CLINICAL PROFILE OF PATIENTS WITH CHANGE OF VOICE TO FIND OUT INCIDENCE OF THEIR COMMON PREDISPOSING AND AETIOLOGICAL FACTORS

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ABSTRACT

Voice is an integral part of human attribute known as speech. A person with voice problem may present with hoarseness, voice fatigue, breathy voice etc. change of voice is just a symptom, but dysphonia is a diagnosis. This study was carried out in the department of ENT, C. U. Shah medical college and hospital. A total 100 cases were studied. Patients (both male and female) presenting with hoarseness of voice were studied. We found total of 178 complaints from 100 patients. Few patients had two or more than two complaints at the time of examination. Change of voice was the commonest presenting symptom in 92 cases(92%). Other complaints included vocal fatigue(10%) and two cases had aphonia.

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INTRODUCTION

Voice is an integral part of human attribute known as speech. A person with voice problem may present with hoarseness, voice fatigue, breathy voice etc. change of voice is just a symptom, but dysphonia is a diagnosis. Hoarseness is most often associated with the abnormalities of vibratory margins of the vocal cords. It is a most common presenting symptom for serious conditions which needs to be ruled out. Benign conditions are more common than malignant. Change of voice is important symptom of laryngeal disease. If the change of voice persists for more than 2 weeks, then it should be investigated properly to find the cause. Change of voice can be divided into acute and chronic onset:

The acute onset of change of voice can be secondary to viral infection, voice abuse or trauma to larynx and thyroid surgery.

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The chronic onset maybe due to vocal polyps, vocal cord nodules, laryngeal papillomatosis, laryngeal neoplasm, tumors of vocal cords, smoking, vocal abuse, GERD, systemic diseases like DM, TB, etc.

METHODS

-)] This study was carried out in the department of ENT, C. U. Shah medical college and hospital. A total 100 cases were studied. Patients (both male and female) presenting with hoarseness of voice were studied.
-)] Detailed history was taken followed by thorough ENT and systemic examination and clinical diagnosis was made in support with relevant investigation.
-)] Indirect laryngoscopy and video laryngoscopy under local anesthesia was carried out in all 100 patients as apart of local examination.

Out of which, many patients required surgical intervention for therapeutic purposes.

RESULTS

PRESENTING COMPLAINTS

Complaints	No. Ofpatients
Hoarseness of voice	92
Foreign body sensation	25
Breathiness	23
Stridor	06
Dysphagia	08
Vocal fatigue	10
Trauma to neck	02
Neck swellings(2°)	10
Aphonia	02
Total complaints	178

INDIRECT/ VIDEOLARYNGOSCOPIC DIAGNOSIS:

Diagnosis	No. Of patients (%)	Male	Female
VC polyp	10	08	02
VC nodule	04	02	02
VC edema	04	02	02
Acute laryngitis	11	05	06
Chronic laryngitis	06	02	04
Carcinoma larynx	15	15	00
VC leukoplakia	03	03	00
VC paralysis	33	16	17
Functional lesion	14	07	07
Total	100	60	40

CHANGE OF VOICE IN RELATION TO PREDISPOSING FACTORS:

Diagnosis	Predisposing factors				
	Intubation	Vocal abuse	Smoking	Alcohol/ tobacco	Thyroidectomy
VC polyp	-	04	03	04	-
VC nodule	-	04	01	01	-
VC edema	-	01	01	-	-
Acute laryngitis	-	03	01	-	-
Chronic laryngitis	-	-	02	-	-
Carcinoma larynx	01	-	05	11	-
VC leukoplakia	-	-	01	03	-
VC paralysis	05	07	11	05	08
Functional lesion	-	-	05	-	-

DISCUSSION

- We found total of 178 complaints from 100 patients. Few patients had two or more than two complaints at the time of examination. Change of voice was the commonest presenting symptom in 92 cases(92%). Other complaints included vocal fatigue(10%) and two cases had aphonia.
- Other associated symptoms were dysphagia in 8 cases(8%), foreign body sensation/irritation in throat in 25 cases(25%), neck swelling/secondaries in 10 cases(10%) and breathiness in 23 cases(23%). 2 cases(2%) were of laryngeal trauma.

- In this study 10% cases of VC polyps were responsible for hoarseness of voice with M:F ratio 4:1 while 4% cases of VC nodules were responsible for hoarseness of voice with M:F ratio 1:1. 1% cases of acute laryngitis and 6% cases of chronic laryngitis were responsible for hoarseness of voice with male to female ratio (1:1.4).
- Malignancies of larynx/ laryngopharynx comprised of 15% of cases of hoarseness of voice. 33% cases of vocal cord paralysis were responsible for hoarseness of voice with male predominance was seen with male to female ratio as 1.2:1. In present study, functional voice disorders (14%). Smoking in cases was the commonest factor followed by alcohol intake, tobacco chewing, vocal abuse, thyroidectomy and intubation.

CONCLUSION

Hoarseness of voice is just a symptom with a very diverse etiology. The etiological data varies in different geographical location and from one center to other. Symptom of hoarseness of voice should never be ignored as it is the most common symptom in laryngeal malignancy. Any patient with hoarseness should be thoroughly investigated to rule out malignant conditions and conditions that might cause respiratory distress leading to life-threatening complications.

IMPLICATION OF RESEARCH:

The present study is an attempt to analyse the clinical profile, incidence of common etiological factors and the association of common predisposing factors of hoarseness of voice.

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