

Reflux Laryngitis

- Author: Bardia Amirlak, MD; Chief Editor: Arlen D Meyers, MD, MBA [more...](#)

Updated: Mar 5, 2014

Background

Since the late 1960s, [gastroesophageal acid reflux](#) has been implicated in the pathogenesis of several extraesophageal disorders, including laryngitis.^[1] Although the cause-effect relationship has been strengthened by more recent evidence, the body of evidence on causation, diagnosis, and treatment of these increasingly diagnosed disorders is still evolving.

Various symptoms, functional and structural abnormalities that involve the larynx, and other contiguous structures positioned proximal to the esophagus constitute the spectrum of these disorders. Patients presenting with extraesophageal reflux–related signs and symptoms may account for up to 10% of an otolaryngologist's practice.^[2] A large amount of gastroesophageal reflux (GERD)–associated and laryngopharyngeal reflux (LPR)–associated processes are treated primarily by otolaryngologists. This list includes the following:

- Chronic laryngitis
- Hoarseness
- Globus sensation
- [Chronic cough](#) or throat clearing
- Dysphagia
- Halitosis
- Chronic rhinosinusitis
- Laryngeal malacia
- Laryngeal stenosis
- Laryngeal carcinoma

Various terms such as laryngopharyngeal reflux (LPR), supraesophageal GERD, atypical GERD, and extraesophageal complications of GERD have been used to describe this group of symptoms and signs. Although addressed by various terms, these basically represent supraesophageal complications due to reflux of gastric acid content through the esophageal/pharyngeal/laryngeal/pulmonary axis. Although these symptoms were previously thought to constitute the spectrum of GERD, laryngopharyngeal reflux (LPR) is today thought to be a distinct entity and should be managed differently.^[3]

The management of patients with suspected laryngeal manifestations of GERD continues to be controversial.^[4] Issues are whether laryngopharyngeal reflux is a real disease, whether laryngeal physical exam in patients with symptoms of GERD is useful as a marker for response to treatment, how to differentiate and treat patients with chronic laryngitis with and without reflux symptoms, and the benefits of PPIs in patients with different symptoms. Continued acid suppression is unlikely to provide dramatic symptom improvement for patients whose conditions are completely unresponsive after 1-2 months of treatment with twice-daily PPI. Vaezi et al state "Any suggestions that reflux still may be playing a role in patients refractory to therapy, especially if suggested by nonspecific laryngeal findings, is a less than optimal use of resources and should be discouraged."^[4]

Failing to recognize laryngopharyngeal reflux (LPR) is dangerous, while overdiagnosis of laryngopharyngeal reflux (LPR) can lead to unnecessary costs and missed diagnosis. Inflamed laryngeal tissue affected by laryngopharyngeal reflux (LPR) is more easily damaged from intubation, has a high risk of progressing to contact granulomas, and may evolve to symptomatic subglottic stenosis.^[5]

In a recent report, laryngopharyngeal reflux (LPR) symptoms were found to be more prevalent in patients with esophageal adenocarcinoma than were typical GERD symptoms, and they often represented the only sign of disease.^[6] On the other hand, increased awareness may lead to overdiagnosis of the condition because typical laryngopharyngeal reflux (LPR) symptoms are nonspecific and can occur in processes such as infection, vocal abuse, allergy, smoking, inhaled irritants, and alcohol abuse.^[3]

Caution must also be taken to rule out serious processes that may present with similar symptoms, such as laryngeal cancer, before proceeding with conservative management.

Laryngopharyngeal reflux (LPR) is the term used in this article to discuss the pathogenesis of reflux laryngitis.

Contributor Information and Disclosures

Author

Bardia Amirlak, MD Assistant Professor of Plastic Surgery, Director of Residency Cosmetic Clinic, Director of Plastic Surgery Global Health Program, University of Texas Southwestern Medical Center at Dallas; Chief of Hand and Peripheral Nerve Surgery, Dallas Veterans Affairs Medical Center

Bardia Amirlak, MD is a member of the following medical societies: [American College of Surgeons](#), [American Society of Plastic Surgeons](#), [American Society of Reconstructive Transplantation](#), and [Kleinert Society](#)

Disclosure: Nothing to disclose.