Does Even Low-Grade Dysphonia Warrant Voice Center Referral?

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INTRODUCTION

- Dysphonia is prevalent and complicated
- Affects up to 1/3 of the U.S. adult population during their lifetime
- Causes a significant reduction in a patient's quality of life
- Delayed diagnosis can lead to:
  - Inappropriate management
  - Progression of symptoms and disease
  - Patient dissatisfaction
- Data regarding referral to specialty voice clinics is limited

METHODS

- Retrospective chart review
- January to December 2015
- New patients with a chief complaint of hoarseness
- In-office evaluation by a single fellowship-trained laryngologist in conjunction with certified speech-language pathologist
- Multidisciplinary voice center
- IRB approval obtained

Data points:
- Demographic data
- "Grade" score from GRBAS evaluation
- Degree of voice use
- Final voice diagnosis

RESULTS

- 94 patients
  - 47 men
  - 47 women
  - Average age 60 years [range 31-88 years]
- Final voice diagnosis stratified by the “Grade” score from Grade/Roughness/Breathiness/Asthenia/Strain (GRBAS) scale
- 41 patients had perceptual dysphonia Grade score of 0 or 1, of whom 85% had subtle laryngeal findings on stroboscopy: vocal fold paresis; hyperfunctional disorders (spasmodic dysphonia, muscle tension dysphonia)
- Patients with moderate or severe perceptual dysphonia (meaning a Grade score of 2 or 3, respectively) tended to have more distinct structural or motion pathology on stroboscopic evaluation: benign/malignant lesion; vocal fold paralysis

DISCUSSION

- Patients with more severe perceptual dysphonia are evaluated by a physician sooner than those with milder perceptual dysphonia.
- Voice disorders that do not result from easily discernible masses/gross motion abnormalities associated with:
  - Multiple physician visits
  - Diagnostic delay
  - Delay in management
- Minimal perceptual dysphonia and no obvious structural findings on standard steady-light endoscopy = greater potential for misdiagnosis and mismanagement

CONCLUSION

- Absent or only mild perceptual dysphonia may be accompanied by subtle or occult laryngeal findings that may be missed on routine steady-light endoscopic evaluation
- Stroboscopy is a valuable tool in the evaluation of these patients however previous survey findings indicated that most generalists do not routinely utilize stroboscopy or feel comfortable interpreting findings
- Interdisciplinary voice evaluation with expert acoustic-perceptual evaluation and stroboscopy may be helpful in avoiding delays in diagnosis and management for these patients

REFERENCES


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