Faculty Disclosure

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Dr. Tempero has listed no financial interest/arrangement that would be considered a conflict of interest.
Laryngopharyngeal Reflux (LPR)

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Laryngopharyngeal Reflux

Controversial topic

Lack of objective evidence to substantiate the disorder

No consensus option regarding appropriate management

Conflicting results regarding the efficacy of LPR management
Laryngopharyngeal Reflux

Refers to the backflow of gastric contents into the throat

Also called: extraesophageal reflux, gastropharyngeal reflux, supraesophageal reflux, atypical reflux, reflux laryngitis

Differs from classical gastroesophageal reflux disease (GERD)

often without heartburn
Symptoms associated with LPR

Hoarseness

Dysphagia

Throat mucus

“lump” in the throat (globus)

Cough and throat clearing

Heartburn
Normal laryngeal exam
Anatomy of LPR
Diagnosis LPR

• History – most important

• Laryngoscopy – often to exclude malignancy

• Special Diagnostic Tests – pH testing
Laryngeal Findings of LPR

- Erythema
- Posterior mucosal hypertrophy
- Diffuse or localized edema
- Pseudosulcus vocalis
- Ventricular obliteration
- Thick endolaryngeal mucus
Larynges showing erythema, edema, partial ventricular obliteration
Manifestations of LPR

- Granulomas
- Subglottic stenosis
- Laryngeal cancer
- Laryngospasm
- Asthma/cough
Laryngeal granulomas

- Multifactorial: vocal abuse, throat clearing, intubation, LPR
- Most granulomas resolve with anti-reflux therapy and prevention of further vocal trauma
Subglottic Stenosis (SGS)

- High rates of LPR in patients with SGS
- In animal models, experimental reflux produces SGS
Laryngeal carcinoma

- Chronic inflammation leading to neoplastic changes
- Increased incidence of LPR in laryngeal cancer patients
LPR treatment options
AAO-HNS

- Lifestyle modifications
- Dietary modifications
- Medical therapy
- Anti-reflux surgery
LPR Conclusions
AAO HNS

- LPR is important in the evaluation and treatment of patients with throat complaints
- The larynx and pharynx is very susceptible to reflux-related injury
- Diagnosis of LPR is based on history, laryngeal findings, and pH monitoring (2 of 3 subjective, pH monitoring not done)
- Treatment of LPR consists of lifestyle and dietary modifications combined with medical therapy (PPI - modest benefit)
- Reflux surgery is an option for patients with severe or refractory LPR (it does not work well)
PPI may provide modest LPR symptom benefit

- Proton pump inhibitor therapy for suspected GERD-related chronic laryngitis:
- A meta-analysis of randomized controlled trials.
- Qadeer MA. and Vaezi, MF.
- Pooled data 8 studies n=344: PPI=195, placebo=147
- Age 51 males, 55% followed 8-16 weeks
- No statistical improvement in LPR symptoms

What to do

• Lifestyle and diet
• Period of observation 2 months prior to PPI
• Consider PPI

What we need to do

Open mind – other causes of laryngitis
Identify reliable objective measurements
Well designed clinical studies