



LARYNGITIS

Episode 39.1

SYMPTOMS

- Acute, chronic, infectious or non-infectious localized or systemic inflammatory process involving the larynx
- Dysphonia, odynophonia, dysphagia, odynophagia, cough, dyspnea, stridor
- Laryngitis in adults less worrisome than in children. Adult larynx is larger, can accommodate more swelling



ETIOLOGIES

Infectious

- Viral, bacterial, fungal, mycobacterium
- Commonly rhinovirus. Generalized viral syndrome with dysphonia/aphonia. Erythematous, edematous vocal folds
- Tx: humidification, voice rest, hydration
- Bacterial may develop an epiglottic abscess

Systemic

- Granulomatosis with polyangitis; laryngeal involvement 25%
- Rheumatoid; laryngeal involvement 25%. 2 stages: ACTIVE (erythematous, tender larynx. CHRONIC ankylosed CA joints)

Reactive

- LPR; upright reflux. May develop stenosis, globus, spasm
- Traumatic; voice abuse, chronic cough. Needs rest!
- Thermal injury; supraglottic edema/erythema. More common in children. Observe for airway compromise
- Radiation induced; common. Resolves gradually post-XRT
- Allergic; triggers: insecticides, formaldehyde, environment

MANAGEMENT

- Rule out common causes, especially LPR, based on H&P
 - Treat underlying infectious or systemic disease
 - Triage and observe +/- intubation or tracheostomy

