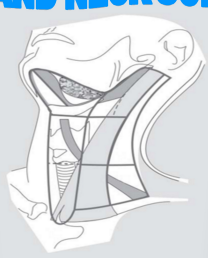
NEUROLOGIC DISORDERS OF THE LARYNX

NAT'S NOTES IN OTOLARYNGOLOGY HEAD AND NECK SURGERY



Episode 40.1

CLASSIFICATION & MANAGEMENT

- Divided into hypo- and hyperkinetic disorders

Hypokinetic

Voice → Voice therapy to allow for compensation

Surgery → Vocal fold augmentation

Medications → Meds to augment neural response

Hyperkinetic

Voice → Voice therapy to discourage compensation

Surgery → Chemical or surgical denervation

Medications → Meds to blunt neural response

EXAMINATION

- Neurologic and CN exam. Watch patient gait into room

Examine tongue and tone → fasciculations, flaccidity

- Listen to voice fluidity, articulation. Spasms vs. tremors

- Fibreoptic endoscopy → evaluate glottis at rest

HYPOKINETIC

Multiple Sclerosis

- Demyelinating myelopathy
- Vertigo, tremor, dysphagia, scanning speech (slowed, equal emphasis on all syllables)
- Peak incidencd 20-40 y.o., Northern climates

Parkinson's Disease

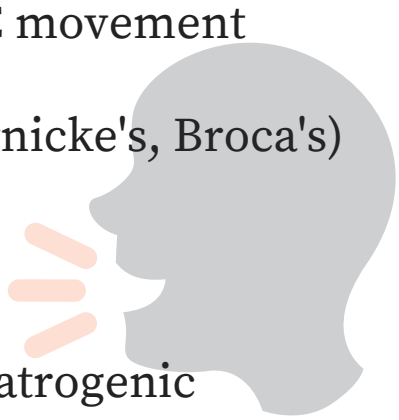
- Depletion of dopamine
- 80% have vocal difficulties - poor initiation, dysarthria
- Pooing secretions, poor coordination of VC movement

Stroke

- MCA has largest language association (Wernicke's, Broca's)
- VC paralysis if brainstem invovled

Neuropathies

- Immobility or sluggish movement of VCs
- May spontaneously recover. R/O trauma, iatrogenic



HYPERKINETIC

Dystonia

- Poor CNS processing causing involuntary contractions

Tremor

- Essential tremor, most common
- Head and hands mostly involved, +/- voice
- Quivering, tremulous speech and vowel prolongation

Muscle tension dysphonia

- VC positioning in a hyperfunctional manner
- Tight, harsh, breathy voice
- Hyperadduction with sustained supraglottic contraction on endoscopy
- Related to voice use. Manifests with URTI or bad reflux