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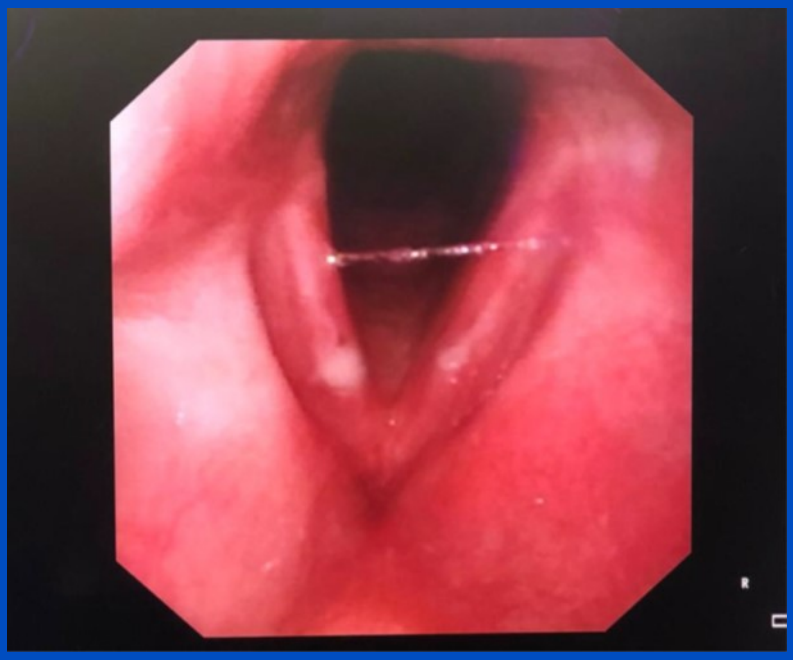

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The Brunei International Medical Journal (BIMJ) is a six monthly peer reviewed official publication of the Ministry of Health under the auspices of the Clinical Research Unit, Ministry of Health, Brunei Darussalam.

The BIMJ publishes articles ranging from original research papers, review articles, medical practice papers, special reports, audits, case reports, images of interest, education and technical/innovation papers, editorials, commentaries and letters to the Editor. Topics of interest include all subjects that relate to clinical practice and research in all branches of medicine, basic and clinical including topics related to allied health care fields. The BIMJ welcomes manuscripts from contributors, but usually solicits reviews articles and special reports. Proposals for review papers can be sent to the Managing Editor directly. Please refer to the contact information of the Editorial Office.

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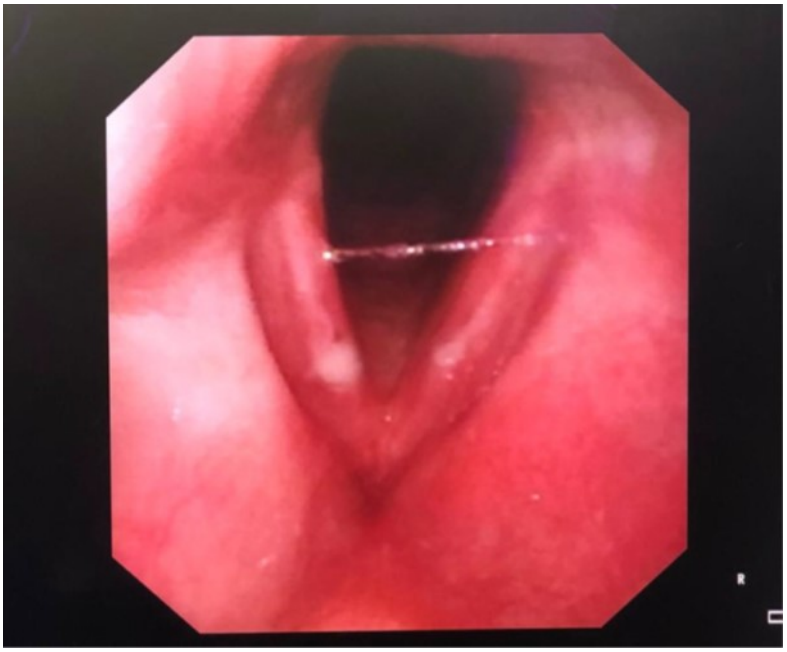

Figure 1

A 31-year-old male was referred to Otorhinolargology department with more than 2 weeks history of hoarseness of voice and irritative cough. Fibreoptic laryngoscopy showed healing nodules at bilateral anterior 1/3rd of true vocal folds with severe oral thrush over posterior 1/3rd of his tongue. On questioning, he admitted to prolonged vocal abuse and was fond of singing with high pitch and shouting. He was advised absolute vocal rest and hygiene.

What is the diagnosis?

***Answer**: refer to page 2*

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DISCLOSURE: There is no conflict of interest and consent has been obtained from patient for use of this image.

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(*Refer to page 1*)

ANSWER: VOCAL CORD NODULES.

These are benign, superficial growths, localised on the medial surface of the true vocal folds. Its usual location is at the junction of the anterior and middle third of the vocal fold.[1]

These are commonly found in individuals who are prone to excessive vocal use, for example screaming, high voice uses and untrained singing[1]. A number of celebrity singers like Beyoncé, Adele, Mariah Carey and many more have been afflicted with vocal nodules at one point or another throughout their careers.[2]

The most common presenting complaint is generalized or localised hoarseness and change in voice quality are some of the typical presenting symptoms.[1]

Apart from a concise clinical history, fibroscopic examination of the larynx and particularly the vocal folds will aid the diagnosis. If available, videostroboscopy is far more sensitive in detecting or distinguishing other laryngeal lesions when compared to other indirect laryngoscopy techniques.[3]

An integral part of management is identifying and eliminating underlying causative factors. This largely involves voice therapy and patient education on the proper vocal hygiene and hydration.[1,3] It is crucial to avoid vocal abuse, misuse, and overuse.

CONFLICT OF INTEREST

The author(s) declared no conflict of interest in this work.

CONSENT

Consent has been obtained from patient and hospital authority to publish this article.

REFERENCES

1: Cipriani NA, Martin DE, Corey JP et al. The Clinicopathologic Spectrum of Benign Mass Lesions of the Vocal Fold due to Vocal Abuse. Int J Surg Pathol. 2011;19:583-7.

2: Alexis Tolentino, Grace Vernon, and Lindsey Watkins .Vocal nodules: What some singers have, but no one wants!. Laboratory for the study of Upper Airway Dysfunction. [Internet]. March 26, 2021. [html] [Accessed 2022 September 19].

3: Nakagawa H, Miyamoto M, Kusuyama T, Mori Y, Fukuda H. Resolution of vocal fold polyps with conservative treatment. J Voice. 2012;26