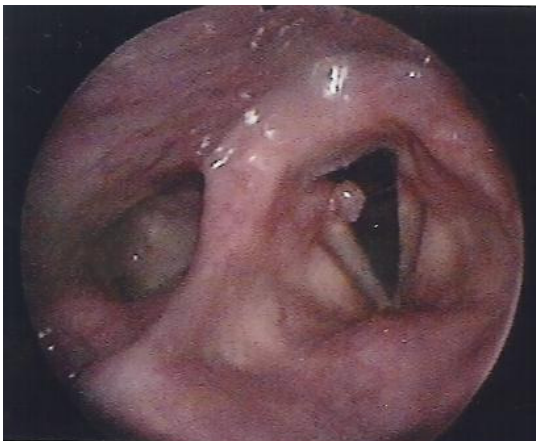
Irfan MOHAMAD, Nik Fariza Husna NIK HASSAN, Hazama MOHAMAD



A 49-year-old Malay male teacher complained of hoarseness for three months, intermittent episode, more on prolonged usage of voice. He has no vocal fatigue. No history of trauma particularly to neck area. He consistently has to use his voice due to his occupation demand. He also constantly felt the need to clears his throat and hawking especially when he felt irritation in the throat. He had history of gastritis with heart burn since 2-3 years, on gastritis medication. There was no history of intubation. He is a non-smoker and denied tuberculosis contact. He has nasal symptoms of allergic rhinitis. A laryngoscopy was performed (**Panel**).

Q: What is the diagnosis?

***Answer**: refer to page 121*

Correspondence author: Irfan MOHAMAD
Department of Otorhinolaryngology-Head & Neck Surgery, School of Medical Sciences,
Universiti Sains Malaysia Health Campus,
16150 Kota Bharu, Kelantan, Malaysia.
Tel: 609-7676429, Fax: 69807676424
E mail: irfan@kb.usm.my

(*Refer to page 100*)

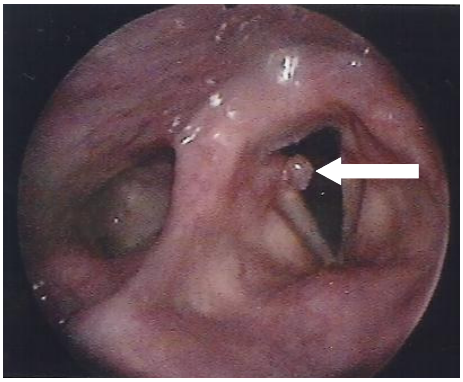
Answer: Right vocal cord contact granuloma

Vocal cord granuloma (**Panel**: arrow) can be classified into specific and non-specific types. Typically, the non-specific type occurs at the vocal process of the arytenoids cartilage of the vocal cord. Rarely, specific granuloma can be caused by tuberculosis [1] and syphilis. As this lesion is thought to be the results of voice abuse or misuse, the lesion is more common to be found in men. [2]

Most of the risk factors are found in this patient. The occupation, being a teacher is an important predisposing factor compounded by history of gastritis. Presence of laryngopharyngeal reflux can lead to the worsening of the condition. Persistent acid irritant from laryngopharyngeal reflux can prevent traumatised mucosa of the vocal cord from healing well. Endotracheal intubation is a very important factor and intubation as short as four hours can lead to granuloma formation. [3]

Throat clearing or hawking, nasal allergy with post nasal drip can both be the manifestation that further aggravate the condition. Other symptoms include foreign body sensation in throat, or even airway obstruction depending on the size of the granuloma.

Among the treatment modalities, treatment or removal of the causative factor is the most important. Speech therapy and anti-reflux treatment should be considered as the first line treatment. Surgical excision of the mass is reserved for those failing medical treatment and if there is need for confirmatory histopathological diagnosis. The rate of recurrence is high, ranging from 37% to 50% [2], especially if gastritis and allergic rhinitis is not controlled, as well as incorrect use of voice continues.



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