Objectives

- What is laryngopharyngeal reflux (LPR)?
- What workup is needed?
- What are treatment options?
- When to refer and to whom?

Gastroesophageal Reflux Disease (GERD)

- Heartburn
- Dysphagia
- Belching
- Regurgitation/vomiting
- Easily recognized by patients as uncomfortable
Triggers of Acid Reflux

- Caffeine!!!
- Alcohol
- Chocolate
- Tomatoes/Onions/Citrus
- Mint
- Stress!!
- Obesity
- Obstructive sleep apnea (OSA)

Anatomical Problems

- Hiatal Hernia
- Incompetent lower esophageal sphincter (LES)
- Esophageal dysmotility
- Rare conditions
Extra esophageal Reflux
- Laryngopharyngeal reflux
- Nasopharyngeal reflux
  - Especially in children can be a cause of Eustachian tube dysfunction and sinusitis
- Pulmonary and tracheal reflux
  - Can cause asthma exacerbations, coughing and wheezing especially at night
  - Can be a cause of tracheal stenosis

Conservative Treatment
- Weight loss
- Avoiding eating 4 hours prior to bedtime
- Elevate head of bed 4 inches (avoid pillows)
- Reduce bending and stooping
- Eating smaller meals

Laryngopharyngeal Reflux (LPR)
- A significant number of patients will NOT have GERD Sx
- Cough
- Globus
- Throat clearing
- Mild hoarseness (vocal fatigue)
- Mild dysphagia
Sx may vary from hour to hour and day to day
- Variation usually due to triggers the patients don’t even realize
- Common to have silent GERD
- May require very high dose acid blockade to correct initially and then maintenance on lower dose

If patient has GERD Sx, no workup needed
If no GERD Sx, usually a trial of mid level suppression is utilized especially if waiting on a consultant
Refer to ENT anytime there is uncertainty or concern for cancer (smokers/drinkers)
For refractory GERD Sx, refer to GI
Esophagram can be useful if there is significant dysphagia
LPR Treatment
- Can be challenging especially if patient has no GERD Sx and/or is under insured for prescriptions
- Three tiers of acid blockade
- Short acting agents (Tums, Maalox, etc) are not useful
- Requires patient compliance
- Starts with dietary modifications and lifestyle changes

Acid Blockade
- Low level
  - AM PPI (OTC or full strength)/QHS Max dose H2 blocker
- Mid level
  - AM PPI (full strength)/PM PPI (Full)/QHS Max H2 blocker
- Maximum level
  - Either Dexilant QAM or Nexium BID/QHS Max H2 blocker

Non-acid Reflux
- Patients who do not respond to therapy (up to 20-30%)
- New area of research
- Unclear what is happening
- Bile vs. enzymes vs. ????
- Refer these patients on to GI
Other Common Causes of Hoarseness

- Vocal cord nodules/polyps/cysts
- Reinke’s Edema
- Vocal cord hemorrhage
- Vocal cord paralysis or paresis
- Cancer...
Supraglottic Laryngeal Cancer

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Questions?

- Appointments 406 771-3469