ENT and Voice Care of Atlanta

Metro Atlanta's Newest Otolaryngology Practice

Quarterly Newsletter

Vol. 2, Issue 1

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Dr. Leslie

Our Physician

Dr. Yvette Vinson Leslie graduated Magna Cum Laude from S.U.N.Y at Buffalo School of Medicine in 1994. She completed her Otolaryngology Residency at the University of Rochester Medical Center and her Fellowship in Laryngology and Voice Disorders at Vanderbilt University Medical Center. Dr. Leslie has been in private practice in Atlanta since November 2000. Dr. Leslie founded ENT and Voice Care of Atlanta with one mission in mind: the prompt and efficient delivery of superior medical services in a manner that respects and affirms every patient. Dr. Leslie practices the full spectrum of Otolaryngology which includes:

- Allergy and Sinus Disease
- Laryngology and Voice Disorders
- Head and Neck Surgery
- Hearing and Balance Disorders
- Thyroid Disorders
- Snoring and Sleep Apnea
- Pediatric Ear, Nose, and Throat Disorders

Insurance Plans

Our practice currently **participates** in the following insurance plans:

- Aetna (EPO, PPO, POS, QPOS)
- BCBS (PPO)
- Beech Street
- Coventry (HMO, POS)
- Employee Plan / Promina - (HMO, POS)
- First Health / CCN
- Great West (HMO, POS, PPO)
- Humana
- Medicaid (Peachcare, GBHC)
- Medicare (Part B)
- MRN (PPO)
- MultiPlan
- PHCS
- Southcare (PPO)
- State Health Benefit Plan (SHBP)
- Tricare
- Unicare (PPO)
- United Healthcare (HMO, POS, PPO)
- USA (PPO)

Dr. Leslie has recently acquired Dekalb PHO affiliation. We are currently **pending** on the following plans:

- WellCare Medicare HMO
- Evolutions Healthcare

Quarterly Topic

Contemporary Management of Laryngopharyngeal Reflux Disease (LPR)

The term gastroesophageal reflux (GER) refers to the regurgitation of stomach contents into the esophagus. GER may be physiologic, and previous studies indicate that as many as 50 GER episodes per day, occurring mostly after meals, is within normal limits. **Gastroesophageal reflux disease** (GERD) is a clinical entity defined as GER that is excessive and causes tissue damage, usually to the esophagus.

Laryngopharyngeal reflux (LPR) refers to the regurgitation of stomach contents into the laryngopharynx, that is, the larynx and surrounding tissues of the throat. There are numerous terms in the medical literature synonymous with LPR, the most common being extraesophageal reflux. Many patients presenting to the Otolaryngologist have LPR, which differs in many ways from classic GERD. In recent years, LPR has emerged as a separate and distinct disease process which has been linked as an exacerbating factor to chronic sinus disease, obstructive sleep apnea, chronic otitis media, vocal cord nodules, asthma, and laryngomalacia. In severe cases, it can mimic the stridor, wheezing, and respiratory distress usually attributed to severe asthma and subglottic stenosis.

Pathophysiology

Patients with LPR have different pathophysiologic mechanisms and patterns of reflux, as well as different symptoms, manifestations, and responses to treatment when compared to patients with GERD. Most significantly, most patients with LPR do not present with esophagitis or its primary symptom, heartburn. The incidence of heartburn in the LPR patient population is less than 40%, and the incidence of esophagitis is approximately 25%, as reported in the Otolaryngologic literature.

Of further interest, patients with LPR are predominantly upright (daytime) refluxers, whereas the GERD patients tend to be nocturnal refluxers. Prolonged periods of acid exposure are present in GERD, not in LPR. Patients with GERD more frequently suffer esophageal dysmotility and prolonged esophageal acid clearance, whereas LPR patients usually do not.

It is believed that the primary defect in GERD is lower esophageal sphincter dysfunction, whereas the primary defect in LPR is upper esophageal sphincter dysfunction. The differences in the mechanisms and patterns of GERD and LPR likely explain the differences in their symptoms and manifestations. It is important to remember that patients can present with both diseases.

Symptoms of LPR

The most common symptoms of LPR manifest in the upper aerodigestive tract, therefore making presentation to the Otolaryngologist more likely. Patients frequently experience intermittent hoarseness, dysphagia, chronic globus sensation ("lump in throat"), frequent throat clearing, chronic sore throat, chronic nonproductive cough, and in most extreme cases, wheezing and stridor.

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(continued)

Physical Findings

The hallmark of the physical examination for LPR is visualization of the larynx and surrounding hypopharynx. The common findings associated with LPR include vocal fold edema, pseudosulcus vocalis, arytenoid edema and erythema, pachydermia of the interarytenoid tissues, subglottic edema, granuloma formation, and vocal fold leukoplakia.

Diagnostic tests

The diagnosis of LPR can be made based on the clinical presentation and findings on physical exam, but ambulatory 24hr double-probe pH monitoring, with simultaneous esophageal and pharyngeal probes in place, is the gold standard test when the diagnosis is in question. In recent years, patients' response to pharmacotherapy has become a more popular diagnostic tool. Other tests such as barium esophagram and esophagoscopy are less sensitive for LPR, although the AAO-HNS does promote screening the esophagus for related pathology, i.e. Barrett's esophagus.

Management

The main components for management of LPR are behavioral and medical therapy. Surgical intervention is reserved for the most severe cases.
Behavioral therapy: patients are advised to avoid caffeine, alcohol, fatty and spicy foods, eat small frequent meals, avoid eating or drinking within 2 hours of bedtime, elevate the head during sleep, and avoid obesity with proper diet and exercise.
Medical therapy: In general, treatment for LPR needs to be more aggressive and prolonged than that for GERD. In vitro studies demonstrate that as few as 3 LPR episodes per week can result in severe laryngeal damage. The larynx is more vulnerable to reflux injury because it lacks the protective epithelial defenses present in the esophagus. The majority of patients require both behavioral modification and twice-daily dosing with proton pump inhibitors. The BID dosing is necessary since none of the PPIs exert acid suppression for longer than 16 hours. H2 antagonists alone, i.e. ranitidine, have been shown to be ineffective in the management of this disease. Most patients demonstrate significant symptomatic improvement after 2 to 3 months. However, it can take as long as 6 months for the laryngeal findings of LPR to resolve, therefore twice-daily PPI therapy is recommended for a period of 6 months before slow tapering is attempted. In many patients, lifetime treatment may be required.
Surgical therapy: In patients with refractory disease or those unable to tolerate medications, Nissen Fundoplication has been shown to be effective treatment for LPR.

Referral to an Otolaryngologist is appropriate under the following circumstances:

- Persistent sore throat in the absence of infection.
- Chronic or intermittent hoarseness longer than 6 weeks duration.
- Chronic persistent cough with negative pulmonary findings.
- Poorly controlled asthma symptoms despite appropriate therapy.

Special Announcements

Coming Soon...

Voice and Swallowing Services

Our Voice and Swallowing Center will offer multidisciplinary diagnosis and management of voice, airway, and swallowing disorders using Videostroboscopy and Perceptual Voice Analysis. Look for more details in our next issue.

Our Customer Service Commitment

We are committed to the highest standards of customer service. In keeping with our customer service model, we are pleased to announce that on-line appointment scheduling will be available through our website @ www.entandvoicecare.com effective February 1, 2006. Patients can submit desired appointment times electronically and receive appointment confirmation via email or telephone within 24 hours. This feature further enhances our available on-line services and patients' ability to communicate with our office.

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