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Nasopharyngitis as a clinical indicator of laryngopharyngeal reflux

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Background: Laryngopharyngeal reflux (LPR) refers to the back-flow or aerosolisation of stomach contents, past the oesophagus into the larynx or pharynx, that is becoming more prevalent in today's population. The mechanism leading to the mucous membrane damage in the upper airways is not fully understood but low pH and gastric enzymes appear to play a role. The lower oesophagus has many natural acid protective factors whereas the nasopharynx does not, this means that any acid exposure either liquid or gaseous can cause various inflammatory changes in the pharynx and larynx.

Methods: A retrospective chart review of all patients found to have isolated nasopharyngitis and who were reviewed following a 3-month therapeutic regime of twice-daily proton pump inhibitor (PPI) medication was performed. To confirm the diagnosis of LPR, the patients were all evaluated with various scores, indexes and nasopharyngoscopy. As a consequence of many years performing nasopharyngoscopy on an extensive cohort of patients and searching specifically for nasopharyngitis on each occasion, the senior author (JEF) has developed a personal grading system for nasopharyngitis with findings described as 0 = absent, 1 = mild nasopharyngeal erythema, 2 = moderate granular mucosal or raised mucosal changes, 3 = severe crusting and/or blood-stained mucositis. Patients returned to the clinic 3–4 months later to the clinic, where they were reassessed and these scoring systems are used to evaluate the response to the therapeutic course of PPIs, described above (PPIs BD

for 3/12), from both their symptoms and nasopharyngitis, laryngeal or hypopharyngeal severity findings.

Results: The majority of patients has an improvement in their symptoms and nasopharyngeal inflammatory changes. A midline forehead headache seemed to be a symptom strongly associated with nasopharyngitis. Posterior commissure oedema was also a consistent finding in these patients.

Conclusions: The combination of a regular midline forehead headache, nasopharyngitis and oedema of the posterior aspect of the larynx paper to be strong clinical indicators of LPR.

Keywords: Laryngopharyngeal; reflux; nasopharyngitis

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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