ENT LARYNGOSCOPIC CLINIC

# Vocal fold tear in an operatic tenor

Joel E. Portnoy, MD; Robert T. Sataloff, MD, DMA, FACS

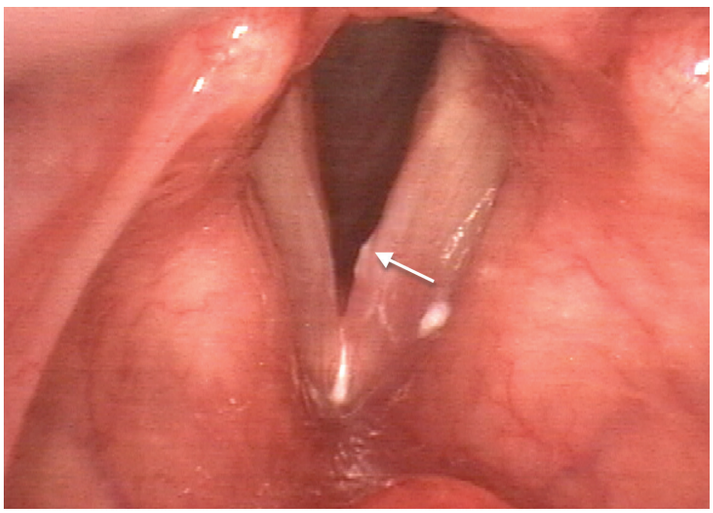

*Figure 1. Acute mucosal tear is visible on the vibratory margin of the anterior-mid left vocal fold (arrow). Also noted are signs of laryngopharyngeal reflux disease, including thick endolaryngeal mucus, partial ventricular obliteration, and diffuse laryngeal edema.*

A 27-year-old tenor complained of worsening cracking in his upper-middle range, vocal fatigue, progressively longer warm-up times, and periodic aphonia of 1 week's duration. Also, he complained of increased throat clearing and coughing. He had experienced similar symptoms 3 months previously, which had resolved with voice rest.

Previous strobovideolaryngoscopy had revealed findings consistent with fungal laryngitis, left superior laryngeal nerve paresis, and laryngopharyngeal reflux disease. The patient's fungal laryngitis resolved with antifungal medications, but his laryngopharyngeal reflux disease remained untreated because of patient noncompliance.

Strobovideolaryngoscopy now revealed a raised mucosal lesion on the left along the vibratory margin, consistent with a mucosal tear (figure 1). An associated dilated varix coursed perpendicular to the vibratory margin. Additionally, contact thickening was noted on the contralateral vibratory margin. These abnormalities were coupled with decreased mucosal wave bilaterally and an hourglass glottic closure pattern.

The patient was treated with voice rest, proton pump inhibitors, and an H2 blocker. One week later, he had an improved mucosal wave with nearly complete resolution of the mucosal tear. Gentle voice usage was permitted, with progressive increases in voice usage over the next 2 weeks.

On follow-up 2 weeks later, the patient noted improvement in his upper range but was still suffering from vocal fatigue after 1 hour of singing. He had been learning a new, "less effortful," vocal technique

From the Department of Otolaryngology–Head and Neck Surgery, Drexel University College of Medicine, and the American Institute for Voice and Ear Research, Philadelphia.

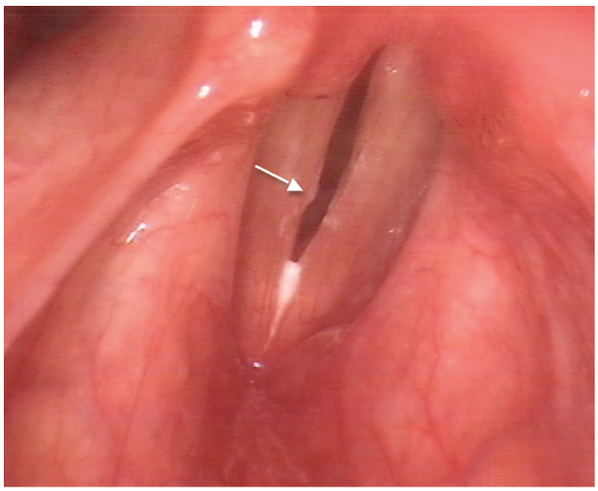

*Figure 2. Two weeks after the initial presentation, a new mucosal tear is noted on the right vocal fold with a scooped, scarred base (arrow) and contralateral fullness in the area of the previous vocal fold tear.*

from his singing teacher, but it tired his voice more quickly. The patient was again noncompliant with his medications. Strobovideolaryngoscopy revealed a new mucosal tear, this time along the right middle vocal fold, with a scooped, stiff base (figure 2). He was again placed on voice rest, a proton-pump inhibitor, and an H2 blocker.

On follow-up 1 week later, improvement was noted in the right vocal fold tear. However, because signs and symptoms of laryngopharyngeal reflux disease persisted, the patient promised compliance. He was instructed to have very limited voice usage for the next week and to begin scales the following week. He was lost to follow-up.