

Letter to Editor

Evaluating hoarseness in early diagnosis of laryngeal cancer

To the Editor:

We would like to point out that direct laryngoscopy is the gold standard in the work up of hoarseness and it should be performed in all patients whom the diagnosis cannot be established by other methods.

In our experience, we evaluated 363 patients suffering from more than two weeks hoarseness by direct laryngoscopy. Biopsy was obtained for lesions discovered in the larynx or hypopharynx. In 232 patients (64 %), definite diagnosis was made by macroscopic evaluations (direct laryngoscopy only) but in 131 patients (36 %) biopsy was done to ascertain final diagnosis.

Macroscopic evaluation showed normal findings in 134 cases (36.9 %), inflammatory lesions in

63 patients (17.3%), vocal cord paralysis in 35 patients (9.7%) and necessary for biopsy in 131 patients (36.1%).

The pathologic findings in last group revealed tumoral lesions in 73 cases (55.7%), inflammatory lesions in 45 cases (34.3%) and normal histology in 13 cases (10%).

Our data was determined four differential diagnoses: The tumor in 73 patients (20.1%), inflammatory lesions in 108 patients (33.4%) and no pathologic findings in 147 cases (40.5%).

According to relatively high prevalence of malignancy in our cases, we conclude that prolonged hoarseness should be evaluated by direct laryngoscopy as soon as possible.

SM. Abtahi MD

Assistant professor, Department of Otolaryngology, Isfahan University of Medical Sciences, Isfahan, Iran