ABSTRACT
Laryngopharyngeal reflux (LPR) has been extensively studied in patients with diverse laryngeal signs and symptoms. Laryngitis secondary to gastric acid is a prevalent, yet incompletely understood otolaryngological disorder. We examined the correlation between the Reflux Symptom Index (RSI) and the Reflux Finding Score (RFS) and the relation with the results in 24 hour dual sensor pH probe testing. This study demonstrates a high correlation between RFS and RSI. Treatment with PPI (Pantoprazole 40 mg during at least six months) improved dramatically RSI.

METHODS AND MATERIALS
One hundred and thirty-three randomly selected patients with one or more reflux laryngitis symptoms were included in the study. All patients were recruited to complete a symptom questionnaire—Reflux Symptom Index (RSI) and the Reflux Finding Score (RFS) were subjected to a routine videostrobolaryngoscopic analysis for the signs evaluation—Reflux Finding Score (RFS) followed by 24 hour dual sensor pH probe testing. The proximal probe level was placed 2 cm above UES under fibroendoscopic control. Videostroboscopic samples for the study were reviewed and RFS rated by three experienced raters on two different occasions to evaluate the interrater reliability. This protocol was repeated every six months during two years after treatment with PPI.

RESULTS
This study demonstrates a high correlation between RFS and RSI (p<0.001). Treatment with PPI (Pantoprazole 40 mg during at least six months) improved dramatically RSI (p<0.001).

CONCLUSIONS
The results of this study support empiric treatment with PPI in patients with an abnormal RSI and RFS. Empirc pharmacologic therapy is warranted on the basis of a diagnosis of LPR based on an accurate RFS and RSI. Laryngoscopy and pharyngeal pH monitoring should be considered complementary studies in establishing the diagnosis of laryngeal injury induced by gastroesophageal reflux.

REFERENCES