There is a discrepancy in the knowledge of chronic laryngeal neuropathy. General otolaryngologists are more likely to feel they are over treating patients with laryngeal symptoms, which could lead to unnecessary treatments and treatments that do not work. General otolaryngologists are more likely to be treating patients with COPD and treating patients who have cancer with treatments that could be used for patients with chronic laryngeal neuropathy. This translates to differences in the new guidelines and treatment of patients with chronic laryngeal neuropathy, which could lead to unnecessary treatments and treatments that do not work.

**REFERENCES**


**CURRENT PRACTICES IN THE MANAGEMENT OF LARYNGEAL NEUROPATHY**

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**ABSTRACT**

Objective To evaluate differences in evaluation and work up patterns for the diagnosis of chronic laryngeal neuropathy (CLN) among active members of American Laryngology Association (ALA) and the American Academy of Otolaryngology Head and Neck Surgery (AAOS) database.

Methods Nineteen thousand and forty-five general otolaryngologists and fellowship trained head and neck surgeons were surveyed. A questionnaire was e-mailed to 176 members of the ALA and mailed to 900 members from the AAOS database.

Results Among the general otolaryngologists, 44.6% have been fellowship trained (79.5% vs. 16.5%). There were also questions regarding CLN including assessment of its role in the workup and treatment of chronic laryngopharyngeal reflux (CLP) and relationship to other disorders. Respondents were asked about their next steps in managing patients with chronic laryngopharyngeal symptoms, for which treatment for a disorder itself is primarily targeted at the academic laryngology community.

**INTRODUCTION**

Current practices in the management of laryngeal neuropathy have been reported. The current article is unique in that it evaluates the differences in evaluation and work up patterns for the diagnosis of chronic laryngeal neuropathy (CLN) among active members of American Laryngology Association (ALA) and the American Academy of Otolaryngology Head and Neck Surgery (AAOS) database.

**METHODS**

Approval was obtained from the Boston Medical Center Institutional Review Board. Active members of American Academy of Otolaryngology Head and Neck Surgery (AAOS) database were surveyed. From the 3862 general otolaryngologists from the HNS membership database, 900 were randomly chosen to receive an e-mail request to participate in the survey. Active members of the American Laryngology Association (ALA) and a General Otolaryngologist database (P < .0001) and were more concerned about the diagnosis of laryngopharyngeal reflux disease (GERD), with 88.8% reporting peer-reviewed journals as a source compared to 54% in the ALA group (Figure 1).

**RESULTS**

Respondents were asked to rate their level of comfort in the diagnosis of multiple disorders. Respondents were asked about their next steps in managing patients with chronic laryngopharyngeal symptoms, for which treatment for a disorder itself is primarily targeted at the academic laryngology community.

**DISCUSSION**

The data shows that there are clear discrepancies in the diagnosis, workup and treatment of CLN. There was a large difference in awareness, with 43% reporting being unfamiliar with laryngeal neuropathy, compared to 0% from the ALA group. ALA respondents reported obtaining information about CLN from multiple sources, with 88.8% reporting peer-reviews journals as a source compared to 54% in the ALA group (Figure 1).

**CONCLUSIONS**

• There is a discrepancy in the knowledge of chronic laryngeal neuropathy between general otolaryngologists and fellowship-trained laryngologists.

• This translates to differences in the new guidelines and treatment of patients with chronic laryngeal neuropathy, which could lead to unnecessary treatments and treatments that do not work.

• General otolaryngologists are more likely to be treating patients with COPD and treating patients who have cancer with treatments that could be used for patients with chronic laryngeal neuropathy.

• Further education about CLN would help to inform more olantologists about this disorder and lead to more successful treatment of patients with chronic laryngeal neuropathy.

**REFERENCES**