BACKGROUND: In 1972 Delahunt described acid-induced laryngospasm as a clinical sign that describes patients who present with complaints of chronic laryngitis and who demonstrate laryngospasm on fibroptic laryngoscopy. The term was commonly used until the late 1990s, gastroesophageal reflux and reflux laryngitis were implicated in the pathogenesis of various disorders, and “acid laryngitis” became considered as a specific clinical entity. Many investigator claimed that acid reflux causes edema and irritation of the larynx, and that reflux laryngitis and laryngopharyngeal reflux (LPR) play a role in the etiology of progressive laryngeal symptoms. Nowadays, reflux laryngitis is becoming clearer that it is indeed a significant and treatable disorder.

OBJECTIVE: The purpose of this study was to record the prevalence of reflux laryngitis among patients complaining of laryngeal symptoms and to evaluate the effect of empirical treatment (Proton Pump Inhibitors) on the laryngoscopic findings.

STUDY DESIGN: A prospective study was done on 132 patients complaining of laryngeal symptoms. They were evaluated over a period of 24 months. The diagnosis of laryngopharyngeal reflux (LPR) was made using the reflux finding score (RFS) and laryngoscopic examination.

RESULTS: Of total 132 patients evaluated over 24 months, 72 patients (55%) were male, 48 patients (45%) were female. 42 patients (42%) were smokers, only 22 patients were wearing classical Kurdish uniform which we thought it may have some impact on the reflux findings. It was noticed that 21% of patients presented with persistent non-productive cough plus other symptoms. 111 patients with hoarse throat (hawking), 110 patients with globus sensation, 78 patients with some dysphagia, 73 patients with throat spasm, breathing difficult, 80 patients with laryngospasm (Figure 2), 72 patients with possible association between GERD & chronic laryngitis was 82%, vocal mucosal improvement (Figure 3 and Table 2).

CONCLUSION: Multivariate analysis with a composite score of the reflux finding score (RFS) and laryngoscopic examination was a useful tool in diagnosing reflux laryngitis. Our paper identified the association between reflux laryngitis and laryngopharyngeal reflux (LPR) with laryngeal symptoms of non laryngeal disease. The symptom area in which an association was identified can be in the esophageal, respiratory, cardiovascular, dermatological, and neurological systems. Patients presenting with extra esophageal reflux–related signs and symptoms may account for up to 10% of an otolaryngologist’s practice.