Acute dysphonia associated with laryngitis often leads patients to seek medical attention. Although a common disease, its treatment is not well established in literature. Although the larynx is affected by edema and/or hyperemia of larynx, is the most frequent clinical finding in these patients. The larynx acuteness disease is not treatable, but it is not possible for most of these patients. Therefore, a new treatment strategy is therefore required.

Corticosteroids therapy is the main drug treatment described for acute laryngitis. A recent study has shown that the efficacy of corticosteroids is correlated by edema and/or hyperemia of larynx. Inhaled corticosteroids are the treatment of choice for allergy disorders such as asthma and chronic obstructive pulmonary disease. They are indicated for use in children with croup and in cases of post-extubation laryngitis. These drugs are used for their direct action in the airways, and this action is less potent in acute laryngitis adults. Probably this is consequence of reports of less efficacy of inhaled corticosteroids in treating chronic obstructive pulmonary diseases. In this study sample, seven patients (14%) using oral corticosteroids presented more significant edema reduction and reported collateral effects were less frequent.

The improvement of voice reported by all patients in both groups by the 5th day, makes us think about the duration of treatment: 5 days would be enough? More than 70% of patients related normal voice by the third day of treatment. Patients who used inhaled fluticasone, presented more significant edema reduction and reported collateral effects were less frequent.

In this study, patients were evaluated by videolaryngostroboscopic, perceptive and acoustic voice analysis before and after use of 2 medications. The first group received inhaled fluticasone and the second group oral prednisolone, both for 7 days. The best results of acoustic measurement recorded in the group treated with inhaled fluticasone can be explained by the best reduction of edema observed in this group. Although the improvement of voice reported by all patients in both groups by the 5th day, makes us think about the duration of treatment: 5 days would be enough? More than 70% of patients related normal voice by the third day of treatment. Patients who used inhaled fluticasone, presented more significant edema reduction and reported collateral effects were less frequent.

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