

EVALUATION OF VOCAL CHORD DYSFUNCTION (VCD)

VOCAL CHORD DYSFUNCTION IS OFTEN A CLINICAL DIAGNOSIS BUT IT CAN ALSO BE DIAGNOSED BY A FLEXIBLE SCOPE PASSING THROUGH THE NASAL CAVITY TO LOOK AT THE VOCAL FOLDS AND THE AIRWAY. THIS IS CALLED A VIDEOSTROBOSCOPY. THE TESTING INVOLVES VARIOUS BREATHING AND VOICE MANEUVERS. IN VCD, THE VOCAL CHORDS CLOSE ON INHALATION. IN ASTHMA, THE VOCAL CHORDS CLOSE ON EXPIRATION. MOST OF THE TIME IT IS NOT NECESSARY TO DO THIS TEST TO DETERMINE DYSFUNCTION.

THE DIFFERENCE BETWEEN VOCAL CHORD DYSFUNCTION AND ASTHMA CAN BE DIFFICULT TO DETERMINE. IN VCD, THE VOCAL CHORDS CLOSE OFF THE AIRWAY AND CAN CAUSE SEVERE RESPIRATORY DISTRESS SIMILAR TO AN ASTHMA ATTACK. TRIGGERS FOR BOTH ARE VERY SIMILAR. EXERCISE, EXTREME TEMPERATURES, AIRWAY IRRITANTS, AND EMOTIONAL STRESSORS ARE COMMON IN BOTH. HOWEVER, IN VOCAL CHORD DYSFUNCTION, POST NASAL DRIP AS WELL AS GERD (GASTROESOPHAGEAL REFLUX), CAN BE TRIGGERS. IN ASTHMA, ALLERGIES CAN PLAY A BIG PART IN THE TRIGGER. VCD USUALLY HAS ONLY ONE TRIGGER. HOWEVER, IN ASTHMA THERE CAN BE MANY TRIGGERS.

IN VCD, THE BREATHING DYSFUNCTION IS IN THE THROAT AREA. ASTHMA BREATHING OBSTRUCTION IS MAINLY IN THE CHEST AREA. VCD COMES ON SUDDENLY AND CEASES RAPIDLY. HOWEVER, IN ASTHMA THE SYMPTOMS APPEAR GRADUALLY AND THE RECOVERY IS LONGER.

VCD WILL NOT RESPOND TO BRONCHODILATOR THERAPY. IN SOME CASES, INHALERS AND STEROIDS MAKE SYMPTOMS WORSE. IN ASTHMA, AN INDIVIDUAL WILL GET IMMEDIATE RELIEF WITH BRONCHODILATORS.

IN VCD, RESISTIVE BREATHING IS AN EXERCISE TAUGHT TO CREATE AND MAINTAIN PATENCY OF THE UPPER AIRWAY. AS SOON AS TIGHTNESS IN THE VOCAL CHORDS IS FELT, THE PATIENT IS ASKED TO PURSE THE LIPS INHALING SLOWLY WITH FORCE FOR 6-8 SECONDS AND THEN EXHALING WITH THE SAME FORCE SLOWLY FOR 6-8 SECONDS. THE PATIENT IS TOLD TO BREATHE NORMALLY FOR A COUPLE OF CYCLES AND THEN TOLD TO REPEAT THE FORCED BREATHING UNTIL THEY GET RELIEF.