**A Voice Disorder: Laryngitis**

**Introduction**

Laryngitis prevails when an individual’s voice box (larynx) or rather vocal cords encounter an inflammation emanating from irritation, infection, or overuse. Invariably, laryngitis can outstand as either short-term (acute), which is always active for at most three weeks, or as long-term (chronic), which lasts more than twenty-one days. Several conditions can be accountable for facilitating prevalence of the inflammation that later yields laryngitis. Environmental determinants, bacterial infections, and viral infections can all yield laryngitis (Johnson et al., 2017). Prevalence of laryngitis can further be affirmed when an individual opens his/her mouth to speak, and all of a sudden that comes out of the mouth is only a whisper or rather squeak. Swelling of the larynx is a key cause of this vocal disorder. The larynx is dominant in the human upper neck slightly beyond the throat’s back. Nevertheless, various infections like the flu, bronchitis, and a cold may bear the potential of spurring the underlying swelling. The vocal cords are typically two tissue folds that prevail within the human larynx, and they become inflamed in case of laryngitis (Valenzuela et al., 2015). The sound resultant from that area is then muffled, and eventually, the person becomes hoarse.

**Understanding the Causes of Larynx**

     Invariably, all causative factors of laryngitis are affirmed to cause hoarseness. However, not all vocal hoarseness amounts to laryngitis (Bradford, 2014). For instance, vocal polyps – evident in smokers as well as individuals having chronic acid reflux, - can cause fracture or inflammation of the underlying laryngeal cartilage, resulting in hoarseness. Moreover, nodules – evident from annuals of improper vocal utilization – as well as trauma on the exterior of the neck can also activate prevalence of the hoarseness. Tumors, either malignant or benign, can further cause the fracture or rather an inflammation accruing on the laryngeal cartilage and later result in a prevalence of hoarseness. In addition to that, patients can exhibit vocal neurological issues, which can result in vocal weakness or rather a paresthesia. For instance, Parkinson’s patients frequently exhibit hoarseness, with nerve paralysis and vocal tremor. Anything that inflames, irritates, weakens, or blocks the vocal cords (bands), will eventually result in a prevalence of hoarseness.

    Universally, several issues can cause laryngitis – acid reflux, viral infections (like flu and cold viruses), long-term smoking, and overusing an individual’s voice. The risk of having larynx amplifies the prevalence of pneumonia or allergies or rather when an individual regularly encounters irritating chemicals. The primary distinction between acute and chronic larynx is that chronic laryngitis can prevail for long durations and last for more than three weeks (Merati, 2010). On the other hand, acute laryngitis typically prevails suddenly and also clears up in a couple of days to not more than three weeks.

    A range of determinants can be held accountable for the prevalence of chronic laryngitis. Durable cigarette smoking can fairly irritate an individual’s vocal cords and eventually activate the swelling of the person’s throat. Gastroesophageal reflux further causes the constituents of the individual’s stomach to move upward into the person’s esophagus, an analogy that is capable of irritating the underlying throat. Additional conditions that are capable of igniting chronic laryngitis include allergies, bronchitis, pneumonia, vocal cord cysts or polyps, complications from the flu or rather a chronic cold, as well as excessive exposure regarding toxic chemicals (Carpenter & Kendall, 2017).

     Moreover, the individuals at risk regarding chronic laryngitis are fairly tobacco smokers as well as the people who encounter regular exposure to irritating inhalants or rather toxic chemicals. A greater risk further prevails once an individual exhibits chronic upper respiratory infections, like the common cold and also exhibition of allergies. One can develop ulcers or rather growths on his/her vocal cords notably over a certain span of time once he/she sings or talks excessively (Bradford, 2014). The vocal cords tend to lose their outstanding potential of vibrating as the individual’s age amplifies. This analogy makes an individual more prone to chronic laryngitis.

     On the other hand, acute laryngitis encompasses a temporary analogy that emanates from overusing the underlying vocal cords. It can further emanate from an infection. Treating the causative condition amounts to the vanishing of underlying laryngitis (Merati, 2010). The various causative factors of acute laryngitis include bacterial infections, excessive consumption of alcohol, and viral infections. Additionally, training of an individual’s vocal cords via yelling or talking can further cause acute laryngitis. In addition to that, other factors like a fungal infection (like thrush), sinus disease, and injury (like a hit on the throat), and also cancer can take part in causing laryngitis.

**Symptoms of Laryngitis**

     The common symptoms of laryngitis include loss of voice, hoarseness, a dry cough, an irritated or raw throat, and mild fever, as well as difficulty swallowing, and swelling of the glands dominant in an individual’s neck or rather lymph nodes. Additional symptoms of laryngitis encompass difficulty in speaking, sore throat, and a constant need f clearing the individual’s throat (Carpenter & Kendall, 2017). The speaking difficulties and hoarse voice normally worsen each and every day one persists in the illness condition and may prevail for up to one week after eradication of the other symptoms. In a few scenarios, the larynx can further swell besides causing breathing difficulties. This analogy can occur in the young kids who exhibit narrower, smaller windpipes, but rarely prevails in adults. Laryngitis is frequently correlated with other illnesses, like a cold, throat infection – pharyngitis -, flu, or tonsillitis. Consequently, one might also exhibit other symptoms like a headache, runny nose, swollen glands, painful swallowing, and a feeling of being achy and tired.

**When Should a Laryngitic Person See a Doctor?**

    Laryngitis is the adult individuals is not severe. However, a laryngitic adult should visit the medical practitioner once he/she has encountered hoarseness over two weeks, is coughing up blood, has trouble breathing, as well as has a body temperature exceeding 103 farads.  Nonetheless, laryngitis can be damn serious in kids, wherein the underlying parent or guardian is expected to seek medical attention when one or some of the following conditions prevail. The first condition entails when one’s kid is younger than three months old besides having a temperature that exceeds 100 F and that the child’s fever exceeds 100 F. Additional conditions encompass when the child is exhibiting troubles when swallowing or even breathing. The condition further holds its validity regarding when the kid is making high-pitched sounds besides drooling or inhaling more than usual. Considering prevalence of laryngitis in children, the condition may result in croup – a situation wherein the patient experiences narrowing of the underlying airways (Valenzuela et al., 2015). The ultimate status of the disorder may further be epiglottitis – the flap’s inflammation at the top section of the larynx.

**Tests & Diagnosis**

Following the fact that viral laryngitis typically vanishes within a few weeks, the patient probably needs not to visit a doctor, unless the symptoms intensify. Once a laryngitic patient visits the doctor, he/she is likely to pursue the following aspects regarding test and diagnosis. Diagnosis of laryngitis occurs via a physical examination process (Coates, 2006). The underlying physician will fairly pay keen attention to the sound accruing to the patient’s voice. Afterwards, using the approach of laryngoscopy, he/she will utilize a minute mirror as well as light to potentially peer at the throat’s back. The underlying swelling and redness are normally visible at that phase. An additional aspect entails examination of the patient’s throat besides taking a culture. Invariably, the taken culture will potentially grow out the underlying bacteria or rather virus that is obligatory for causing the vocal disorder. The other phase encompasses using an endoscope – that is a narrow tube that is fitted with a camera. The medical practitioner invariably threads into the patient’s throat via his/her nose or even mouth. The patient is granted something that he/she can numb to eradicate any feeling of pain during the process. This approach enables the doctor to gain potential of visualizing the patient’s vocal cords closely. Endoscopy further enables the physician to visualize the vocal cords in their moving state. Examining prevalence of cancer may further be recommended for the patients suffering from chronic laryngitis (Maqbool, 2013).  An additional process may entail doing an effective X-ray or even a skin allergy test to make decisions regarding other underlying issues.

**Medications and Treatments**

    The appropriate treatment accruing to laryngitis entails resting the individual’s voice. In absence of stress of daily usage, the voice will frequently recover individually. If one’s need of speaking vividly is damn urgent, a medical practitioner may prescribe corticosteroids. Invariably, this is a category of artificial drugs that outstand to mimic hormones, like cortisol, that the human body makes in a natural manner. These medications reduce the underlying throat swelling.

     In addition to that, there are several home remedies that an individual suffering from laryngitis can endeavor in an effort of healing. Firstly, the patient can drink plentiful fluids. Invariably, early on, the process of swallowing may be damn painful (Kramar & Larina, 2016). However, the more the individual is hydrated, the better the condition turns out provided the person keeps off caffeine and alcohol.

    The second remedy entails using humidifiers as well as menthol inhalers. This analogy ensures that moisture is the person’s friend besides the fact that menthol can be fairly soothing. Invariably, humidifier therapy proves to supplement moisture to the underlying air with an aim of preventing excess dryness that can be held accountable for the prevalence of irritation in various body parts. The humidifiers can fairly be effective in the treatment of the dryness accruing to the skin, throat, lips, and nose. They can further ease some, if not all, of the symptoms linked to the prevalence of common cold or flu. Nonetheless, a precaution exists regarding utilization of humidifiers since excessive usage is capable of worsening the underlying respiratory complications. There are several modes of the humidifier and the patients choose the ones that are in accordance with their budget as well as the underlying magnitude of the region to which they wish to add moisture. The common five forms of humidifiers include impeller humidifiers, central humidifiers, steam vaporizers, evaporators, and ultrasonic humidifiers (Moore et al., 2017). Following the potential of humidifiers to relieve dryness, they can be used for relieving several health complications, including dry throat, bloody noses, dry skin, nose irritation, sinus congestion, irritated vocal cords, cracked lips, and dry cough.

     The third home remedy entails gargling with salt water that is fairly warm. The underlying degree of salinity plays various roles including soothing the vocal region as well as reducing the underlying swelling. The other remedy encompasses avoidance of dry, dusty, or smoky rooms. Moreover, a person with laryngitis can further suck on throat lozenges that frequently contain effective herbs like mint and eucalyptus, which are fairly familiar for calming the sore throat. Once the laryngitic person is in pain, he/she can enroll in taking ibuprofen (Motrin, Midol, and Advil) or Tylenol (acetaminophen) as per the medical practitioner’s prescription (Bradford, 2014).

    Furthermore, effective treatment of laryngitis can further encompass surgery. The scenarios emanating from vocal cord polyps as well as paralyzed or lose vocal cords are perceived as being damn serious. The underlying medical practitioner may rather issue a recommendation for a surgery once either if these two aspects are accountable for causing the patient’s laryngitis. Invariably, removal of vocal cord polyp is normally an outpatient process. The patient’s nurse may also recommend collagen injections if not surgery for the loose or rather paralyzed vocal cords.

     Nevertheless, effective treatment of laryngitis encompasses several don’ts that the laryngitic person should not engage in if being healed is the key goal. For instance, the person ought to keep off decongestants since they facilitate drying of the person out once his/her throat is in need of moisture. The person should further stay away from specific herbs, like licorice, slippery elm, and marshmallow since they exhibit reputations like throat pain relievers yet they fairly interact with some of the outstanding medications (Maqbool, 2013). Hence the person should seek consultation from the doctor prior to taking such herbs.

**Prevention of Chronic Laryngitis**

     Universal healthy practices are capable measures to enable an individual to avoid an encounter with chronic laryngitis. Invariably, washing hands as well as avoiding any contact with the individuals who are suffering from cold or flu will potentially constrain the underlying risk linked to encountering a laryngitic virus. Nevertheless, the individuals who deploy their voices in an excessive manner to earn daily bread ought to take often breaks. This analogy will enable the individual to reduce the underlying danger of having an inflammation on the vocal cords (Johnson et al., 2017). Additionally, individuals should further avoid operating in the locations that persistently expose them to harsh or rather acidic chemicals. The individuals who smoke ought to quit that practice instantly in order to reduce the underlying risk linked to inflammation.

**Laryngitis in Children and Infants**

     Children and infants can fairly be susceptible to laryngitis once they are often near other kids. Both bacterial and viral infections can fairly spread in a quick move from one child to another. Nevertheless, laryngitis can further develop once one’s children sing a lot or rather yells. This analogy yields formation of bumps precisely on their laryngitic vocal cords (Merati, 2010). Once a guardian or parent notices that the voice of his/her child is weak or hoarse or rather a pain in the throat, then he/she should make sure that the kids engage in a resting mode to rest the underlying voice. Additionally, the guardians or parents can compel the affected kids to consume more fluids with an aim of easing potential viral laryngitis. Invariably, once the children’s symptoms persist or even worse, taking them to a medical practitioner is the best-recommended step. The doctor has the potential of determining whether there are other determinants that are accountable for the prevalence of the childhood laryngitis or whether the antibiotics obligatory for countering bacterial infections are truly needed.

    Regarding epiglottitis, specific symptoms can further portray that one’s child exhibits a severe bacterial infection notably around the larynx – referred to as the epiglottitis. Invariably, the epiglottis amounts to the tissue flap that fairly covers the human larynx or rather voice box as well as the breathing tube – trachea – once individual drinks or eats. It is obligatory for keeping liquid and food particles out from the lungs (Kramar & Larina, 2016). Nevertheless, epiglottitis refers to an infection accruing to the epiglottis as well as the tissue surrounding it. Amidst epiglottitis, the tissue swells to an extent that it potentially closes off the underlying windpipe (Wood et al., 2005). The condition of epiglottitis can prevail with varying degree of fatalness if not exposed to effective treatment approaches. A parent or guardian is supposed to visit the doctor once his/her child has the following aspects – trouble swallowing, extra saliva, problematic breathing (like trying to lean forward to be able to breathe), and prevalence of high-pitched, noisy sounds during the process of breathing. Additional behaviors to master entail prevalence of a fever as well as a muffled voice. Universally, the laryngitic child will be granted IV antibiotics as well as dexamethasone or frequently glucocorticoids. Epiglottitis mainly affects that kids aged between two to six years but not constrained to that age only (Maitra, 2013). The Hib vaccine is capable of protecting kids from the bacteria called Haemophilus influenzae type-B.

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