CORRESPONDENCE

Hoarseness—Causes and Treatments

by Prof. Dr. med. Rudolf Reiter, Prof. Dr. med. Thomas Karl Hoffmann, Priv.-Doz. Dr. med. Anja Pickhard, and Prof. Dr. med. Sibylle Brosch in issue 19/2015

Hoarseness Caused by Glucocorticoids

Reversible hoarseness, which may occur after systemic administration of glucocorticoids, is not included in the list of causes of dysphonia provided by the authors (1). In my experience, patients already experience this type of dysphonia within 24 hours after oral administration. This side effect is neither mentioned in the German Red List (*"Rote Liste"*, a comprehensive list of medications approved in Germany) nor in the manufacturers' package inserts and only sporadically found in internal medicine textbooks (2). To be able to differentiate between disease-related (e.g. an internal condition) and treatment-related side effects, it is important to be aware of this adverse drug reaction.

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Conflict of interest statement
The author declares that no conflict of interest exists.

Rule out Cancer Early

The authors deserve thanks for their comprehensive overview of the wide range of possible causes of hoarseness (1). Apart from histologically benign organic lesions, functional and other causes, especially malignancies, such as cancer of the larynx and hypopharynx as well as apical lung cancer, should always be addressed early in the workup, even in the absence of risk factors. The most common head and neck cancers are located in the larynx and the only early symptom in patients with glottic cancer is dysphonia. Fortunately, this often leads to early diagnosis and initiation of treatment, contributing largely to the good to very good prognosis of these tumors. Thus, it is vital to avoid any unnecessary delay in diagnosis. The cited US guideline (2) making the (non-consensus-based) recommendation to only use indirect laryngoscopy for diagnosis in patients with hoarseness persisting for more than 3 months has been a matter of strong controversy after its publication, particularly because of the literature it is based on, and thus should be viewed critically (3). This position is supported by a large survey among members of the American Laryngological Association, the American Broncho-Esophagological Association and the European Laryngological Society, where the respondents clearly called for the use of indirect laryngoscopy in patients with persistent dysphonia during the first month after onset, for the above mentioned reasons (4).

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In Reply:

Sharing his clinical experience, our colleague Professor Schoen has highlighted the important fact that temporary, reversible hoarseness can occur after administration of (systemic) glucocorticoids. In a recently published study, 12% of these patients experienced temporary hoarseness, presumably due to vocal fold edema (1). Interestingly, we also found that this side effect is not mentioned in the Red List, in contrast to hoarseness associated with inhaled corticosteroid (ICS) therapy (2).

We would like to thank our colleagues Dr. Thomas and Professor Dazert for their comments. In their letter they point out that malignancy should be ruled out in any patient with unexplained hoarseness within one month, regardless of the presence or absence of risk factors. In contrast to the US guideline cited in our article, which recommends immediate laryngoscopy only in patients with risk factors (3), they are calling for indirect laryngoscopy to be performed within a timeframe of no more than 4 weeks after the onset of hoarseness, with reference to an expert survey among members of the American Laryngological Association, the American Broncho-Esophagological Association and the European Laryngological Society

(4). It is needless to say that the school of thought at our department is that any unexplained hoarseness should be investigated by an ETN specialist using indirect laryngoscopy within a period of 4 weeks. Unfortunately, our selective search of the pertinent literature on this topic (2) identified only the evidence-based guideline of Schwartz et al. from the United States (3). The authors recommend to immediately perform laryngoscopy in patients with suspected serious underlying disease or with dysphonia of more than 3 months' duration (3). That is where the dilemma lies: there are no evidence-based randomized controlled trials available evaluating when laryngoscopy should be performed in patients with hoarseness and this shortcoming also applies to treatment concepts. Regrettably, no specific German-language S3 guideline has (yet) been published; thus, we have to mostly rely on expert opinions. In this respect, we still have a number of challenges lying ahead of us.

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