Clinical Criteria for Benign Laryngeal Mucosal Evaluation and Treatment, Including Evidence Based Assessment of Voice

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1. CONTEXT

A poster presentation at XIV PRO/ASA Pacific Voice Conference was a work in progress.

European Union representatives in the COST action on advanced voice assessment

Jointly chaired a special session on advanced voice assessment function at Interpreters 2012, 12th.

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2. BACKGROUND

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RhinoLaryngology

In a European Position Paper (1999, Fokkens et al., 2002) have considered evidence based criteria for: mucosal function in rhinosinusitis and nasal polyps (as part of the upper airways).

Their findings are summarised as guidelines by Thomas et al. (2007). The paper includes a definition of disorders and thereafter a description of: rhino-otolaryngology and nasal polyps.

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3. EVIDENCE

What has to be therapeutically accepted is that there is an ongoing development of evidence for the above listed. Seemingly there is not evidence based perspective in which: mucosal function in rhinosinusitis and nasal polyps (as part of the upper airways). Their findings are summarised as guidelines by Thomas et al. (2007). The paper includes a definition of disorders and thereafter a description of: rhino-otolaryngology and nasal polyps.

To date these kinds of measures are lacking in clinical trials in clinical benign laryngology as it has not been validated. The scheme should follow that adopted for rhinology (Fokkens et al., 2007).

An illustration of keeping up-to-date is, for example, related to spastic dysphonia: Treatment with botulinum started in California at a time when the characteristics of good surgery included: oropharyngeal function assessment and management and pharyngolaryngoscopic vocal hygiene in benign laryngology.

The statistical evidence base of clinically-relevant mucosal laryngology diagnoses and treatments has to be established to validate these measures. Concomitant diagnosed disorders of laryngeal dysfunction will also be found. Hence, the value of the decision has developed with evidence (Thomas et al., 2007) and immunological views (Pedersen, 2008, 2009). In this perspective, the clinical decision will be made using the diagnostic and formulating an effective rehabilitation plan.

4. OBJECTIVES FOR EVIDENCE BASED ASSESSMENT OF VOICE

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REFERENCES

Altman, K., Blake Simpson, C., Amin, M., Abaza, M., Balkissoon, R.,and Casiano , L.; symptoms for diagnostic purposes, evidence based treatment and good speech therapist nor the acoustical engineer that decides the treatment alone. Rather, we

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A projective randomised controlled study of voice therapy alone was compared with medical treatment alone for vocal cords vibration disorders (a form of laryngitis) and vocal nodules (a form of spasmodic dysphonia). Patients were randomised into two groups: treatment group: voice therapy alone, medical therapy of the laryngeal mucosa, and a statistically significant effect.

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