

Aerodigestive Disorders of the Airway (Pharynx and Larynx)

Condition or disease	Description	Results in
Chronic cough	<p>Cough lasting more than 8 weeks in adults and more than 4 weeks in children</p> <p>May be termed “somatic cough syndrome” in the absence of a known cause or “tic cough” when accompanied by core clinical features of tics, including suppressibility, distractibility, suggestibility, variability, and presence of a warning sensation</p>	Coughing; voice problems from irritation of the vocal folds
Dystussia	Disordered cough—inability to cough effectively due to weakened vocal folds or reduced muscle coordination or sensation	Reduced airway protection
Epiglottitis	Inflammation of the epiglottis and surrounding tissue	Difficulty breathing
Fungal infections of the larynx (e.g., blastomycosis, histoplasmosis, candidiasis)	Fungal infections commonly seen in immunocompromised patients	Voice problems and odynophagia (painful swallowing)
Irritable larynx	Laryngeal hypersensitivity to stimuli such as strong smells, cold air, or talking	Cough or throat clearing
Laryngeal clefts	<p>Abnormal opening between the larynx and the esophagus</p> <ul style="list-style-type: none"> • Type I—gap between the larynx and the esophagus is above the true vocal folds • Type II—gap extends into the lower laryngeal 	Aspiration (material entering the airway)

	<p>cartilage below the true vocal folds</p> <ul style="list-style-type: none"> • Type III–gap extends past the larynx into the trachea • Type IV–gap extends further into the trachea or all the way to the bottom of the trachea 	
Laryngeal stenosis (supraglottic, glottic, or subglottic)	Narrowing of the airway, from partial or circumferential narrowing	Difficulty breathing
Laryngeal webs	Fibrotic membrane, ranging from thin to thick, extending across the laryngeal lumen close to the level of the true vocal folds	Difficulty breathing, roughness, or aphonia (loss of voice)
Laryngeal or pharyngeal paralysis/paresis (unilateral or bilateral)	Disruption in innervation to one or both of the arytenoid cartilages of the larynx	Airway obstruction or reduced airway protection during swallowing (based on positioning of the vocal fold)
Laryngomalacia (moderate to severe)	Soft, immature cartilage of the upper larynx collapses during inhalation	Airway obstruction and inhalatory stridor (wheezing sound)
Laryngopharyngeal reflux	<p>Reflux of gastric content into the larynx and the pharynx, causing irritation of the laryngeal tissue</p> <p>May be termed “esophagopharyngeal reflux” if there is regurgitation of esophageal contents into the laryngopharynx</p>	Voice problems and swallowing discomfort
Laryngospasm	Spasm or contraction of the true vocal folds	Temporary difficulty breathing

Muscle tension dysphonia	Excessive muscle tension in and around the larynx	Changes in vocal quality and/or throat pain
Paradoxical vocal fold motion	Clinical phenomenon characterized by inappropriate motion of the true vocal folds	Difficulty breathing
Breathing-swallowing incoordination	Irregular timing of swallowing within the breathing cycle	Aspiration (material entering the airway); swallowing problems
Structural or physiologic changes secondary to injury, radiation therapy, or surgery	Changes secondary to pharyngeal or laryngeal resections, radiation for head/neck cancer treatment	Swallowing problems and voice problems
Velopharyngeal dysfunction	Limited or an absence of movement of the soft palate, pharynx, and back wall of the throat	Swallowing problems

Note. Developed with information from Andrews (2006), Ashland and Hersh (2009), Asilsoy et al. (2008), Dinwiddie (2004), Ibrahim et al. (2007), Martinucci et al. (2013), Matsuo and Palmer (2008), Morris et al. (2006), Petty and Dailey (2009), Reitz et al. (2014), and Vertigan (2017).

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