



# VOCAL CORD DYSFUNCTION: WHAT YOU SHOULD KNOW

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## What is it?

Vocal Cord Dysfunction (VCD) also known as Paradoxical Vocal Fold Movement (PVFM) is an episode (attack) of an inability to get air past the vocal folds and into the lungs. This often results in a scary event for the individual and those around them who witness the event. The vocal folds are located at the top of the windpipe (trachea) and vibrate on exhaled breath to produce voice. Breathing (inhaling and exhaling) causes the vocal folds to open (abduct), allowing the breath to move in and out of the lungs. In vocal cord dysfunction, the vocal cords constrict (adduct) during inspiration and only allow a small opening through which the breath can flow, resulting in asthma-like symptoms including stridor, throat tightness, and often trips to the emergency room. This information will help you to better understand VCD, including how to recognize it, and how to resolve it. Consult with your voice pathologist regarding any other recommendations that pertain to your specific condition.

### Evaluation

- In-depth case history regarding breathing problems and lifestyle
- Clinical evaluation using a rigid scope passed into the oral cavity, or a flexible scope passed through the nasal cavity to examine the vocal folds and airway (Videostroboscopy)
- Patient performance of various breathing and voice maneuvers
- Re-evaluation following exposure to a known trigger, including re-visualization of the larynx
- In some cases, biofeedback training through visualization of the larynx
- Possible consultation with pulmonologist (chest x-ray, pulmonary function testing, Methacholine challenge) or cardiologist (EKG)

### Symptoms

VCD	ASTHMA
<b>TRIGGERS</b>	
Exercise, extreme temperatures, airway irritants, airway sensitivity, emotional stressors, post nasal drip, GERD	Exercise, extreme temperatures, airway irritants, emotional stressors, allergies
<b>NUMBER OF TRIGGERS</b>	
Usually one	Usually multiple
<b>BREATHING OBSTRUCTION</b>	
Throat area	Chest area
<b>PATTERN</b>	
Sudden onset, relatively rapid cessation	More gradual onset, longer recovery period
<b>RESPONSE TO BRONCHODILATORS/CORTICOSTEROIDS</b>	
No response/Placebo response	Good response
<b>BRONCHIAL PROVOCATION TEST</b>	
Negative	Positive
<b>LARYNGOSCOPIC OBSERVATIONS</b>	
Inspiratory adduction	Expiratory adduction

### Treatment

- Laryngeal control exercises; Typically 2-4 sessions
- Education of normal breathing patterns
- Exercises to increase awareness of abdominal breathing and relaxation of the throat muscles
- Identify restrictive breathing patterns
- Exercises to maintain the vocal folds in an open position (abduction) during episodes of breathing difficulty