



Vocal Fold Granuloma

Background

The term vocal fold granuloma, includes several diagnoses such as vocal process granuloma, contact granuloma, or intubation granuloma, and is a benign growth made up of inflammatory tissue that commonly occurs at the back part of one or both of the vocal folds. They characteristically occur at the more firm or cartilaginous (arytenoid) part of the vocal folds where there is less protective soft-tissue and more irritation from chronic throat clearing or coughing behaviors, laryngopharyngeal reflux (LPR), and endotracheal tube- (breathing tube) related trauma.

Signs, Symptoms, and Diagnosis

Patients often complain of a foreign body sensation, or a feeling of something stuck in the throat. When they are larger, voice changes, sharp-pains with voicing and/or swallowing, or even breathing difficulty might occur. Your otolaryngologist (ENT) will diagnose vocal fold granuloma based on your symptoms along with physical examination including office-based laryngoscopy (a camera or mirror used to see the voice box in the lower throat behind the tongue). A vocal fold granuloma has a characteristic appearance and biopsy is usually not necessary, but follow up is recommended.

Treatment

The vast majority of vocal fold granulomata regress or resolve by addressing any underlying coughing or throat clearing behavior and by reducing reflux of stomach contents into the throat. Reflux of stomach contents into the throat (LPR – laryngopharyngeal reflux) is controlled through diet and lifestyle modifications and sometimes with prescription medications. Surgery is rarely necessary and is reserved only for cases that do not respond to medical therapy. Several procedural and surgical interventions have been successful in the rare refractory cases, including laser treatment, steroid injection, botulinum toxin injection, and vocal fold augmentation, among others.