Functional Dysphonia

Key Points:
- Functional dysphonia (FD) is impairment of voice production in the absence of mucosal or neurogenic laryngeal disease
- FD is more common in women, age > 40, and occasionally associated with viral illness (including measles and mumps) and major life stress.
- Pancreatic atrophy is caused primarily by chronic pancreatitis.
- Malignant renal masses should nearly always enhance with contrast

1. What in functional dysphonia?
   a. Definition: Impairment of voice production in the absence of mucosal or neurogenic laryngeal disease.
      i. Sometimes referred to as spasmodic dysphonia
      ii. 40% of patients presenting to ENT have no organic or mucosal disease
   b. Pathophysiology: believed to be related to laryngeal muscle tension
      i. Often categorized with torticollis, blepharospasm, writer’s cramp, etc.
      ii. Historically, psychogenic or traumatic in origin
   c. Epidemiology:
      i. 70-90% women, average age 45 years
      ii. In 2 studies, 45-65% report a hx of measles or mumps (vs. 15% in controls)
      iii. 30% associate onset with viral URI, 20% with major life stress
   d. Clinical presentation: hoarseness, change in voice, etc.
   e. Diagnosis: by laryngoscopy
   f. Treatment: Botulinum toxin

2. What causes pancreatic atrophy?
The easy answer: chronic pancreatitis. There are case reports of atrophy in association with chronic autoimmune disease but these are incredibly rare. Causes of chronic pancreatitis include EtOH (of course), hypercalcemia, hyperlipidemia, idiopathic, hereditary, “senile” (a form in patients older than 60 with no other risk factors), and obstructive causes including pancreas divisum, tumors, stricture, or cystic fibrosis.

3. Can CT differentiate benign from malignant renal masses?
The easy answer: yes and no. According to Campbell’s Urology, “In general, any renal mass that enhances with intravenous contrast on CT scanning should be considered a renal cell carcinoma (RCC) until proved otherwise.” As well, it states, “A basic consideration in the evaluation of a renal mass is that for such a mass to be considered malignant, it must enhance with intravenous contrast.”

References:
Walsh: Campbell's Urology, 8th ed., Copyright © 2002 Elsevier Science, pg. 2678.