



Laryngopharyngeal Reflux (LPR) or Silent Reflux

Silent Reflux Can Cause:

- Hoarseness
- Trouble swallowing
- Excess mucus
- Throat clearing
- Sensation of a lump in the throat
- Chronic cough
- Breathing problems
- Vocal cord scarring
- Post-nasal drip

What Is Silent Reflux? What Is Laryngopharyngeal Reflux?

Laryngopharyngeal Reflux (LPR) is a term that refers to the backflow of food or stomach acid coming all the way back into the larynx (voice box) or pharynx (throat). This can happen in the daytime or evening. LPR is also referred as 'extraesophageal reflux'.

Many People With LPR DO NOT Have Heartburn

Some may experience the discomfort of heartburn, but many people with LPR do not have heartburn. This is why LPR is called Silent Reflux: it often produces no serious symptoms and can be difficult to diagnose.

Over half the people who have LPR never experience heartburn. This is because the material that refluxes does not stay in the esophagus for a long period of time, so the acid does not have enough time to irritate the esophagus and cause heartburn.

However, even if a small amount of refluxed material makes it all the way up the throat, problems can occur because the voice box is more sensitive and susceptible to irritation than the esophagus. LPR can sometimes affect the lungs and interfere with breathing, as well. When heartburn is absent many patients are incorrectly advised they do not have a problem with reflux.

How Do I Know If I Have LPR?

Signs of LPR include:

- Throat clearing
- Cough
- Sensation of lump in the throat
- Hoarseness
- Difficulty swallowing
- Nasal or throat discharge
- Excess mucus

What Kind of Problems Can LPR Cause and Are They Serious?

LPR can cause serious issues like choking, breathing problems (asthma or bronchitis), scarring of the voice box and windpipe, noisy breathing and in rare cases cancer of the esophagus, throat or voice box.

What Tests Might My Doctor Order?

The most common tests for LPR are:

- 24-hour pH monitorings. This overnight (non-hospital) test measures acid in the esophagus and throat. It can be mildly uncomfortable, but not painful. A pH probe is placed through the nose and stays in the throat overnight. It is connected to a small computer box worn around the waist. Wireless pH testing is also used in certain cases.
- Esophagoscopy. The patient swallows a small, narrow endoscope to evaluate any abnormalities of the larynx, esophagus and upper stomach, particularly inflammatory changes and damage to the food pipe. This procedure can often be done in-office without sedation and is sometimes referred to as transnasal esophagoscopy or TNE.

How Is LPR treated?

Treatment for LPR is customized to the individual. Generally, there are three levels of treatment for reflux:

1. Changing habits and diet to reduce reflux.
2. Taking medications to reduce stomach acid.
3. Undergoing surgery to reduce reflux.

Will I Need LPR Treatment Forever?

Most people require treatment for a long period of time, while others may need only periodic treatment. People often recover for months or years then have a relapse. This is because LPR is a chronic-intermittent disease. When treated, LPR usually does not cause serious medical issues, but without treatment, LPR can be quite serious. For people with severe LPR or those who cannot take reflux medications, anti-reflux surgery may be recommended. People who undergo surgery usually experience relief for many years.

Tips for Reducing Reflux and LPR:

- If you use tobacco, QUIT NOW.
- Do not wear tight clothing around the waist.
- Do not eat within three hours of bedtime or lie down just after eating.
- Eat a low-fat diet.
- Avoid fried foods, chocolate, cheese and eggs.
- Avoid coffee, tea, soda, acidic juices and mints.
- Avoid alcoholic beverages, especially in the evening.