

Amb Follow Up Note, ENT-OP Otolaryngology

10/30/2014 08:17

Clinician Documentation:

34 year old male with a history for two years of vocal fold lesion with hoarseness. Endorses vocal fatigue, feeling of phlegm in the throat. He denies shortness of breath and dysphagia. He continues to complain of throat clearing and discomfort. Nothing makes it better, but alcohol and reflux make it worse. He has no pain. He works as an accountant

The past medical, family surgical and social history were reviewed and are unchanged.

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posterior pharyngeal wall are normal

Neck: Palpation of the neck demonstrates no salivary gland mass, lymphadenopathy or thyromegaly

CV: RRR

Lungs: CTA B

Abd: NT ND

Procedure: Laryngoscopy and stroboscopy

Indication: Hoarseness as described above

Procedure: The procedure was explained to the patient and all questions were answered. Consent was obtained. The patient's nasal cavity was treated with lidocaine and oxymetazoline. A flexible distal chip endoscope was passed along the floor of the nose and advanced to the laryngopharynx. Patient was asked to phonate at different frequencies. Constant and stroboscopic light were used during the examination, which was recorded.

Findings: The patient's nasal cavity, oropharynx, were normal. The left vocal fold has a subepithelial broad mass and is enlarged in size. It is unchanged from previous. The left vocal fold has minimal mucosal wave. Glottic closure is complete.

Complications: None

unchanged from Scope on 9/12/13

Assessment: Left vocal fold mass