

OUTPATIENT CONSULTATION

DATE OF CONSULTATION: 09/12/2013

CHIEF COMPLAINT: Hoarseness.

HISTORY OF PRESENT ILLNESS: is a 33-year-old gentleman who comes into the office today with complaints of hoarseness over the past year. Nothing has really made it better. Alcohol has made it worse. Caffeine has made it worse. He finds that he also has a feeling of phlegm in his throat. He clears his throat often. He feels that his voice is better in the morning. As the day goes on, it gets worse. It is hard for people to understand him. It is very frustrating.

Given his history of voice complaints, stroboscopic examination of the larynx was performed. This demonstrates bilateral vocal fold mobility. His left vocal fold is rather medialized. Both the superior and infraglottic aspect appear to have the lesion deep to it. The mucosa of the vocal fold is normal. He does have glottic closure and has a normal mucosal wave on the right. The mucosal wave on the left is reduced.

ASSESSMENT: is a 33-year-old gentleman with hoarseness and a left vocal fold lesion. It appears to be deep to the epithelium. This is not a typical exam for a patient with hoarseness. I explained this to the patient and we carefully went through the stroboscopy and a differential diagnosis for this lesion.

First, we would like to order a CT scan of the larynx. We are ordering that urgently. He will follow up with me next week for discussion.