

## EAR, NOSE & THROAT

### Listen to your voice

We should do this more often and take note of changes; some of them may signal conditions you need treated.



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Your voice is a distinctive part of your identity, and indicates your mood and health. Produced from your voice box and lungs, the sound may come out as a coo, a whisper, laughter, speech or song. It is amplified and modified by your nose, pharynx, and mouth.

Anything preventing your vocal cords from vibrating normally will affect the pitch, volume or quality of your voice. As a result, you may have frequent throat clearing, hoarseness, a strained or breathy voice, or find it tiring to talk or hit high notes.

#### WHY VOICE CHANGES

- **Paediatric**  
In newborns, congenital or neurologic causes must be excluded. In kids, common causes include voice abuse, reflux, infection and papillomatosis.
- **Acute laryngitis**  
Viral infections can cause vocal cord swelling. In bacterial infections, blocked breathing is considered an emergency.
- **Chronic laryngitis**  
More often due to gastric acid reflux or exposure to smoke.
- **Gastric acid reflux**  
Intermittent hoarseness, sensation of a lump, itch and tightness in throat,

often without heartburn or regurgitation.

- **Abuse or misuse of voice**  
Poor breathing techniques when voicing or excessive neck and laryngeal muscle tension can result in vocal nodules, cysts and polyps, or bleeding. Surgery may be needed.
- **Neuromuscular problems**  
Spasmodic dysphonia results from involuntary spasms of the voice box muscles, causing strained or soundless voice; vocal cord paralysis arises from surgery, infection, cancer, and trauma. Causes a weak, breathy voice.
- **Tumours**  
Benign (eg recurrent respiratory papillomatosis); cancer has a much better prognosis in the early stages; hoarseness persisting for more than three weeks should be checked. Do not dismiss the new, scratchy, low voice as just smoker's voice.
- **Psychogenic**  
In puberphonia, the patient maintains the higher pitch of a pre-adolescent, resisting the maturing voice; in conversion disorder, psychologically traumatic event(s) can lead to a change or total loss of voice.

#### WHY THE ENT SPECIALIST

An accurate diagnosis is key, as treating medical and patient behaviour factors separately will not be effective. After a detailed history on voice use, nature of the voice failure, duration, triggers and possible causes, a head and neck examination is done to check for lumps in the neck and oral cavity.

A screening test such as flexible nasopharyngoscopy or rigid laryngoscopy (with video stroboscopy if needed) is performed to examine for nasal,

### FOR A TIP-TOP VOICE

Don't over-use your voice or shout, especially when it's hoarse. Use a microphone.

Use correct breathing and posture so that your voice comes from the diaphragm. Don't speak with the phone cradled on your neck.

Avoid smoke, drink at least six glasses of water a day, and drink less alcohol and caffeinated drinks. Alcohol gargles can dehydrate.

Eat a balanced diet and regular meals. Avoid sour, oily and spicy foods to manage acid reflux.

Maintain good health and prevent colds and coughs. Treat chronic and acute sinusitis, and tonsil, lung and dental diseases early.

See your ENT specialist if a voice problem persists in spite of lifestyle and voice modifications, medication and voice therapy.

sinus, laryngeal and gastric acid reflux. It allows a view of the voice cords when voicing or singing. In videostroboscopy, synchronised light pulses provide a slow-motion view of the vocal folds vibration.

Specialised tests are needed occasionally. These include Laryngeal Electromyography (LEMG), which assesses the condition of nerves innervating the voice box muscles; Voice Lab Functional Testing, which acoustically analyses different voice and speech parameters; and CT or MRI scans, which may reveal submucosal or deep neck lesions. [👉](#)

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