PEDIATRIC DYSPHONIA

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Voice problems in children are a common cause of concern for parents and for schoolteachers, and a habitual motive of consultation to voice clinics around the world. When exploring possible causes, vocal abuse is usually the primary etiological factor considered, not to mention the easiness with which the term "vocal nodules" is coined as a diagnosis. Unfortunately, the popularity of those ideas can be misleading and is often the origin of diagnostic and therapeutic mistakes.

When dealing with a case of a dysphonic child, we must keep in mind the undisputable fact that individual voice quality is, in the vast majority of cases, the result of unique anatomic characteristics. Certainly, many other additional factors like infection, inflammation, vocal abuse, reflux, neuromuscular impairment, allergies, and so on, might play a role and must be taken into consideration, but every child's voice is, in essence, the result of a particular vibratory behavior.
It is a fact that the main purpose of the vocal folds is not voice production, but protection of the airway, and as far as survival is concerned, it does not matter if the sound produced by the vocal folds is pleasant or not, as long as every individual can count on a safe and properly functioning upper respiratory tract. That fact considered, it must be remembered that the human is the only being who's genetic map allows a connection between the brain and the vocal folds, so the capacity to use the vocal folds for communication and for artistic expressions is not negligible, a key issue when considering quality of life. Hence the need for appropriate diagnosis and treatment of every individual who comes to the clinic because of voice quality concerns.

No children should undergo any kind of treatment unless a precisely defined diagnosis of the structure and function of the larynx, and, specifically of the vocal folds is obtained. The extent of clinical intervention necessary to deal with the problem will be directly related to the extent of the cause of dysphonia, ranging from basic counseling to intensive voice therapy, or even surgical treatment.

It is essential to keep in mind that there are cases in which dysphonia can be associated to serious illnesses and conditions like foreign bodies, severe neuromuscular disorders, recurrent respiratory papillomas, congenital deformities of the upper aero-digestive tract or stenosis of the airway, cases in which the voice is definitively not the primary concern of the clinician.

Course objectives:
•To learn, through analysis of thoroughly documented clinical cases, to establish correlations among clinical observation, accurate identification of individual anatomic characteristics of the vocal folds and their particular vibratory features, and resulting voice quality.
•To emphasize on the importance of achieving diagnostic precision in every single case before suggesting any kind of treatment. No case is equal to another.
•To highlight the need to make as much effort, and spend as much time as needed with every child with dysphonia, in order to find a solution that can be tailored according to specific needs.
•To appreciate expectations and limitations of diagnostic and treatment modalities of voice problems in children in order to be able to individualize, rather than generalize, causes, therapeutic possibilities and prognosis.
•To gain familiarity with indications and modalities of surgical procedures to treat voice problems in children.
•To reinforce the idea of teamwork as a corner stone to get closer to therapeutic success.
•To identify clinical instances in which no treatment is necessary.