

EFETET DHE KOHEZGJATJA E MJEKIMIT ME IPP NE LARINGITET KRONIKE POSTERIORE

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Summary

EFFECTS AND DURATION OF TREATMENT OF CHRONIC LARINGITET POSTERIOR WITH IPP

Introduction: There are evidences that gastro-esophageal reflux is related with a lot of ENT complains and manifestations, including chronic posterior laryngitis. These are caused either by acid action on the laryngeal mucosa or by vagal mediated reflexes. About 10% of ENT patients have reflux related symptoms. Because of their potent effects on acid suppression, PPI (Proton pump inhibitors) may be effective in patients with reflux laryngitis.

Objective: To evaluate the efficacy of acid-suppressive therapy with the proton pump inhibitor esomeprazole on the signs and symptoms of chronic posterior laryngitis (CPL) (8) in patients with reflux laryngitis.

Material and method: 87 patients over 18 year old were selected to participate in this prospective study (December 2009-September 2011). Eligible patients had a history of one or more CPL symptoms (throat clearing, cough, globus, sore throat, or hoarseness) and laryngoscopic signs indicating reflux laryngitis based on CPL index (CPLI) scores measured during a screening laryngoscopy. The patients were divided in two groups and treated one group with PPI and the other with placebo. They all underwent flexible laryngoscopy 2 months and 6 months after beginning the treatment with PPI. The results are compared.

Results: From 87 patients which participate the study 36 are females and 51 males. The age ranges from 20-68 year old with mean age 43.9. The average CPLI in patients group was 9.4 and in placebo group was 8.7. After two months of treatment with PPI (esomeprazole) 9 patients had lower CPLI, while in placebo group one patient had lower CPLI. After 6 months of treatment with PPI (esomeprazole) 34 patients had lower CPLI and in placebo group 3 patients had lower CPLI.

Conclusions: The group of patients treated with esomeprazole 40 mg /day have significant improvements after 6 months of therapy, while the placebo group have only spontaneous, non significant improvements. Treatment with PPI is effective but it must last more than 6 months to have best results.

Refluxi acid gastroezofageal ka qene implikuar ne patogjenezen e disa semundjeve ekstraefozofageale duke perfshire edhe laringitin kronik posterior (1,2).

Ne literature boterore referohet qe pacientet me shenja dhe simptoma ORL (14,15,16) te lidhura me refluksin gastroezofageal zene rreth 10% te numrit total te pacienteve (3,5).

Nje mekanizem i mundshem per demtimet laringeale ne pacientet me shenja laringeale kronike eshte kontakti i drejtperdrejte me laringun i permbajtjes gastrike acide te refluksuar (1,4,7).

Nje alternative tjeter, mund te jete qe ekspozimi ndaj acidit i ezofagut distal te coje ne nje pergjigje reflektore te ndermjetesuar nga n.vag (pastrim fyti

dhe kolle) duke cuar ne nje demtim mekanik te laringut (2,4). Roli i faktoreve te tjere ne patogenezen e laringiteve posteriore eshte i paqarte dhe patogeneza ne individe te ndryshem mund te jete edhe multifaktoriale (1,5).

Per shkak te rolit te tyre te fuqishem ne frenimin e aciditetit IPP (inhibitorët e pompes se protoneve) mund te jene shume te efektshem nese perdoren ne pacientet me laringit posterior nga refluksi.

Meqenese sasi te vogla te refluksit acid dhe kohezgjatje te vogla te refluksit acid mund te jene te mjaftueshme per te shkaktuar inflamacion te laringut ateherë nje frenim i fuqishem 24 oresh i acidit pritet te jape rezultate te dukshme (8).