

VOICE DISORDER IN PROFESSIONAL CLASSICAL SINGERS AND VIDEOLARYNGOSTROBOSCOPIC RESULTS

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Abstract

Professional voice users often present to otolaryngologists with specific voice complaints. This group of people is also called heavy voice users, due to the time spent every day, using the voice in high quality demands. The contributions of pathologic lesions to the patients' vocal complaints are not always clear on examination, and often, pre-morbid routine examinations of the larynx are not available for review. Videolaryngostroboscopy is the examination that offer and preserve all the data useful by the doctor.

The aim of this study is to examine the prevalence and incidence of laryngeal pathology among classical professional singers, at the State Opera in Tirana, also to determine which handicaps are produced by a vocal problem and whether there are any relations to gender, age, vocal classification or total singing duration.

Methods: At the State Opera of Tirana, volunteers were recruited for a "free stroboscopy-laryngoscopic examination". All volunteers completed a specific detailed questionnaire of their vocal and medical history and underwent stroboscopy-laryngoscopic examination. After completion of the questionnaire, a rigid stroboscopy-laryngoscopic examination was performed. All examinations were performed using the Kay Pentax 70° rigid telescope and stroboscopy-laryngoscopic examinations were completed in 84 volunteers, 28 of whom had voice complaints and 46 of whom perceived their voices to be normal. Singers were asked to report whether they ever had a previously diagnosed voice problem and whether they had any vocal disability within the year prior to the study. It was found that singers working more than 5 hours/day were 2.8 times more likely to have had a history of vocal disability in the year preceding the study.

Results: Vocal fold masses were common among the asymptomatic professional singers. Evidence of reflux laryngitis was a common finding among both

symptomatic and asymptomatic singers. Asymmetries in vocal fold hypomobility were more common among those with voice complaints than was the presence of vocal fold masses in the population studied. These findings are congruent with the assumption that classical singers are more likely to experience and/or notice subtle voice changes and suffer disability from them, which suggests that they should always consult the laryngologist and stay in close with phoniatist also.

Introduction

Voice disorders, often known by the generic name dysphonia when caused by laryngeal pathology, convey the presence of a poor functioning of the voice in its most general aspects. The different types of dysphonia can be classified as: organic, functional and psychiatric. Voice professionals especially tend to present *nodular lesions, (fusiform edema, vocal cord nodules or serous pseudocysts); *hyperfunctional or hypofunctional dysphonia. All of these lesions are due to prolonged or inappropriate use of the voice. Dysphonia is a pathological process that is very common among voice professionals and presents significant work-related, economic, social and cultural problems.

However, the social significance of dysphonia in singers is not only related to sick leave, but also the fact that a dysphonic voice causes a feeling of insecurity, a lack of authority a change in personality and the isolation of the artist.

The classical opera singing is a type of profane music and corresponds to the opera itself, which requires long training, dominance of vocal projection and vocal quality rich in harmonics. Such adjustments are of complex development and, if not well executed, may favor the development of vocal alterations and cause handicaps to the singer, with quality of life consequences.

Professional classical singers have demanding voice