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**Title:** Laryngopharyngeal reflux - LPR in selected group from outpatient ENT clinic

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**Body:** Introduction:Global Consensus Group in Montreal confirmed that chronic laryngitis is a evidence-based related with Gastroesophageal Reflux Disease/GERD/ in 2006. Aims: Evaluation of frequency LPR in patients suffer from persistent hoarseness. Assesment of relationships between LPR clinical symptoms - RSI (Reflux Symptom Index), RFS (Reflux Finding Score) and pharyngeal pH - Ryan Score Value. Materials and methods: 42 patients from the Outpatient ENT with persistent hoarseness and RSI  $\geq$  13 - excluding other cofactors: nicotinism, work involving exposure to dust and effort of the voice. In all subjects we have performed wideolaryngoscopic examination and pharyngeal pH monitoring using Dx-pH System Restech™. The control group consisted of 13 healthy volunteers. Results: Among 42 patients with persistent hoarseness we have confirmed LPR in 35 patients (83.33%). In 7 subjects pharyngeal pH monitoring excluded LPR. In all patients with LPR we have found only 5 laryngologoscopical changes in larynx among 8 according to RFS. The most frequent inflammatory changes were isolated hyperaemia / erythema of arytenoid and intraarytenoid regions (laryngitis posterior).These findings were confirmed in 30/35 patients with LPR. Median value of RFS in patients with LPR was 4.45 ,lower than the border value for LPR recognition, which is 7. This is statistically significant positive correlation between Ryan score and value in RFS (correlation coefficient 0.91,  $p < 0.001$ ). Among 13 healthy volunteers we have confirmed pharyngeal acidic reflux only in 1. Conclusions: We have confirmed LPR in 83.33% selected patients with hoarseness based on pharyngeal pH monitoring. RFS value below 7 don't exclude diagnosis of LPR. .