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Title: Expiratory vocal cord dysfunction - symptom presentation and co-morbidities

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Body: Introduction: Vocal Cord Dysfunction (VCD) is typically characterised as adduction of the vocal cords during inspiration. More rarely however, it can present as excessive adduction of the vocal cords during expiration. Vocal cord dysfunction is diagnosed by detailed case history and flexible nasendoscopy (often with challenge). Patients with VCD often have coexistent medical conditions which may contribute to the presentation. Methods: We reviewed clinical data and co-morbidities of six patients diagnosed with expiratory VCD. Results: The patients were: 83% female, mean (range) age 60 (40-75) years, body mass index (BMI) 31.3 (25 - 49.8) kg/m². All patients had another confirmed respiratory diagnosis (asthma, COPD, bronchiectasis and/or rhinitis) and four had gastro-oesophageal reflux disease. All six presented with symptoms of laryngeal irritation, globus, cough and a feeling of being choked from the larynx. Four patients reported intermittent dysphonia. Three presented with a dysfunctional breathing pattern and also required specialist respiratory physiotherapist intervention. Two patients had a history of anxiety and required clinical psychology input. Conclusions: Expiratory VCD has a lower incidence than inspiratory VCD, but the symptoms described are very similar. Comorbidities such as reflux and anxiety are also common. All patients had another respiratory disease process which may be a contributing factor to expiratory VCD. Glottic narrowing may be a therapeutic response to the other respiratory disease process allowing a certain amount of positive end expiratory pressure to maintain airway patency. Further research is required to investigate the therapeutic response further.