

# Corticosteroid injections may be helpful to manage vocal fold polyps without surgery

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Corticosteroid injections appear to offer an alternative to surgery for treating polyps on the vocal cords, according to a report in the August issue of *Archives of Otolaryngology-Head & Neck Surgery*.

Vocal fold polyps are benign growths often found in hoarse patients, according to background information in the article. These polyps are typically caused by vocal overuse or misuse. "Although some small vocal fold polyps may resolve with conservative treatment, typically, these polyps do not change in size in response to voice therapy," the authors write. "Surgical removal with direct microlaryngoscopic technique under [general anesthesia](#) is considered standard treatment and is recommended in most cases."

However, surgery requires specialized instruments, carries the risks involved in general anesthesia and may result in vocal fold scarring or stiffness if it is performed multiple times. Yen-Bin Hsu, M.D., of National Yang-Ming University and Taipei Veterans General Hospital, Taipei, Taiwan, and colleagues reported on the applicability of an alternative to surgery, injection of corticosteroids through the skin and into the vocal folds. Twenty-four patients with vocal fold polyps received this treatment between March 1 and Dec. 31, 2007. They were followed up at one and three months afterward, and every three months thereafter.

The procedure was completed smoothly in 22 of the 24 patients (92 percent), with no complications and typically within 20 minutes, the

authors note. The unsuccessful procedures were due to thick, soft neck tissue or to the patient having an overly sensitive gag reflex. When examined by stroboscopy—using high-speed flashes of light to examine the patient's vocal cord vibrations—the overall response rate was 91 percent (20 of 22).

"The polyps disappeared in five patients (23 percent) at one month after the percutaneous [through the skin] corticosteroid injection and in 13 (59 percent) after a three-month follow-up period," the authors write. "No further improvement was noted at six months." Two patients experienced recurrence of their vocal fold polyps at six and nine months after the injection.

Corticosteroids suppress inflammation, reduce swelling and inhibit the production of collagen and fibroblasts (the cells that form collagen), mechanisms which contribute to their effectiveness in treating vocal fold [polyps](#), the authors note.

"In contrast to traditional microlaryngoscopic surgery, percutaneous corticosteroid injection avoids possible scar formation and a second injection can be considered if necessary. In addition, this technique avoids the need for direct microlaryngoscopic instruments and the expense and risk of general anesthesia," they continue. "In conclusion, percutaneous corticosteroid injection is a practical procedure with low invasiveness and minimal morbidity."

More information: *Arch Otolaryngol Head Neck Surg.* 2009;135[8]:776-780.

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