Clinical vignette

Vocal fold bamboo nodes in undifferentiated connective tissue disease

A 39-year-old woman presented with a 3-month history of oral dryness and asymmetric inflammatory polyarthritis of the hands, feet, shoulders, hips and neck. Physical examination revealed no evidence of joint effusion, synovitis or deformation. ANA titres were 1:400, anti-CCP antibody titres were 299 IU/l and RF was 208 IU/l, without evidence of antibodies against extractable nuclear antigens or dsDNA. Ophthalmology consultation disclosed keratoconjunctivitis, but minor salivary gland biopsy and plain radiographs of the joints were unremarkable. Early undifferentiated CTD was diagnosed.

In parallel, the patient complained of a hoarse voice with pitch breaks. Laryngovideostroboscopy revealed three creamy-yellow, transverse, band-like deposits in the submucosa of the vocal cords (Fig. 1) consistent with a diagnosis of bamboo nodes (BNs). BNs were first described in 1993 and are almost invariably found with various CTDs (1, 2). Vocal fold BNs may result from repeated microphonotrauma rather than from a genuine organ-specific autoimmune process. This theory is supported by the location of the lesions in the midpoint of vocal folds, the site of maximal aerodynamic and muscular forces [1]. Consensus is building that medical treatment of the autoimmune condition [1] and speech therapy should be tried first. Local corticoid injections might be useful [2]. Phonosurgery with careful partial reduction could be a last resort [2].

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References