EARLY DIAGNOSIS AND CONSERVATIVE MANAGEMENT OF ACUTE LARYNGITIS

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Annotation: *Acute laryngitis is a frequent inflammatory disorder of the larynx that predominantly affects individuals of all age groups and is most often associated with viral respiratory infections, vocal overuse, and exposure to environmental irritants. Despite its generally benign and self-limiting nature, delayed diagnosis or inappropriate treatment may result in prolonged dysphonia, recurrent episodes, or transition to chronic laryngeal pathology. Early recognition of clinical symptoms, supported by timely laryngoscopic evaluation when necessary, allows effective management through conservative, non-invasive therapeutic approaches. Conservative treatment strategies, including voice rest, adequate hydration, humidified air, avoidance of vocal strain, and symptomatic therapy, play a central role in reducing mucosal inflammation and promoting rapid recovery of vocal function. Rational use of medications, particularly limiting antibiotics to confirmed bacterial cases, is essential to prevent unnecessary drug exposure and antimicrobial resistance. This abstract highlights the importance of early diagnosis and evidence-based conservative management in achieving favorable clinical outcomes, shortening disease duration, preventing complications, and preserving vocal health. Emphasis on patient education, voice hygiene, and environmental modification further enhances recovery and reduces the risk of recurrence, underscoring the value of conservative strategies in the modern management of acute laryngitis.*

Keywords*: Acute laryngitis, early diagnosis, conservative management, voice rest, dysphonia, laryngeal inflammation, non-invasive treatment, vocal hygiene, upper respiratory infection, laryngoscopy.*

Introduction

Acute laryngitis is a common inflammatory condition of the laryngeal mucosa, most frequently caused by viral upper respiratory tract infections, vocal overuse, or

exposure to irritants. It is characterized by hoarseness, voice loss, throat discomfort, dry cough, and occasionally mild dyspnea. Although the condition is usually self-limiting, delayed diagnosis or inappropriate management may lead to prolonged symptoms, recurrent episodes, or progression to chronic laryngitis. Early recognition and timely conservative treatment are essential to alleviate symptoms, restore vocal function, and prevent complications, particularly in individuals with high vocal demands such as teachers, singers, and healthcare professionals.

Objective

The objective of this study was to assess the effectiveness of early diagnosis and conservative treatment strategies in patients with acute laryngitis. The study aimed to evaluate clinical outcomes associated with non-invasive management approaches and to determine their role in symptom resolution, prevention of chronicity, and reduction of unnecessary antibiotic use.

Materials and Methods

The study included 90 patients diagnosed with acute laryngitis based on clinical presentation and laryngoscopic findings. Data collection involved detailed medical history, assessment of symptom duration and severity, and indirect or fiberoptic laryngoscopy when indicated. Conservative management consisted of voice rest, adequate hydration, humidified air inhalation, avoidance of vocal strain and irritants, and symptomatic therapy including anti-inflammatory agents and antitussives. Antibiotics were prescribed only in cases with confirmed or suspected bacterial infection. Patients were followed for a period of 10–14 days, with evaluation of voice quality, symptom resolution, and recurrence rates.

Results

Early diagnosis combined with conservative treatment resulted in complete symptom resolution in 88% of patients within two weeks. Significant improvement in hoarseness and throat discomfort was observed within the first 5–7 days of management. Patients adhering to voice rest and environmental modifications experienced faster recovery and fewer residual symptoms. Antibiotic therapy was avoided in the majority of cases without compromising outcomes. Only a small proportion of patients developed persistent symptoms requiring further evaluation, and no progression to chronic laryngeal pathology was observed during follow-up.

Discussion

The findings demonstrate that early identification of acute laryngitis allows effective symptom control through conservative measures alone in most cases.

Supportive therapy reduces mucosal inflammation, promotes tissue recovery, and prevents excessive vocal cord trauma. Avoiding unnecessary pharmacological interventions, particularly antibiotics, minimizes adverse effects and antimicrobial resistance. Patient education on voice hygiene and environmental factors plays a critical role in successful recovery. Incorporating early laryngoscopic evaluation in selected cases helps exclude alternative diagnoses and ensures appropriate management.

Conclusion

Early diagnosis and conservative management are highly effective in the treatment of acute laryngitis. Non-invasive therapeutic strategies lead to rapid symptom resolution, preservation of vocal function, and prevention of chronic disease development. Emphasizing early clinical assessment, patient education, and judicious use of medications improves outcomes and supports evidence-based management of acute laryngeal inflammation.

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