



### **Case: Deteriorating voice & swallow “How can I help you Mrs Matthews”**

Mrs Matthews, a long term patient, who has just celebrated her 54<sup>th</sup> birthday, presents to your practice with a 14 month history of deteriorating hearing and weakened voice. You have referred her to a neurologist to explore the causes of a range of symptoms: hearing loss; weakened voice; swallowing difficulty.

Seven days pass and you receive correspondence from the neurologist indicating that Mrs Matthews’s CT scan has demonstrated a jugular foramen glomus tumor. It is recommended that she undergo excision of the lesion immediately via a combined Neurosurgery/ENT procedure. As the neurosurgeon cannot see Mrs Matthews for four weeks, and due to the difficulty that Mrs Matthews is having with her swallowing and weakened voice, you decide to refer her to a speech pathologist for immediate assistance. Having a network of local allied health specialists, you refer Mrs Matthews to Damien Lees, a speech pathologist specialising in voice and swallowing difficulties of neurological origin.

Damien forwards a report upon assessing Mrs Matthews. His report summarises his findings:

#### **Oroperipheral Exam:**

Damien completes an Oroperipheral examination citing abnormalities with:

- At rest, palate asymmetric, resting lower on the left
- Mildly reduced left palatal elevation on phonation – pulls to right on phonation
- Hoarse voice – reduced pitch, limited range and variability, low volume and weakened projection
- Cough is mildly bovine in quality
- Reduced left shoulder elevation, reduced strength against resistance.
- Tongue deviation to left on protrusion

#### **Subjective Speech Assessment:**

Damien comments that Mrs Matthews is 100% intelligible in conversation and that she has a subtle degree of hypernasality in connected speech.

#### **Swallowing Assessment:**

In assessing Mrs Matthews’s swallow, Damien reveals some difficulties with her swallow reflex: Her swallow is slow to initiate and she requires up to three swallows to clear food and liquid from her pharynx. Patients with similar symptoms such as Mrs Matthews, often complain of food being “stuck” on one side of their throats. An occasional cough was noticed after drinking water.

#### **Recommendations:**

Damien recommends the following:

- To provide active techniques on how to reduce the potential aspiration
- To provide guidance on particular foods that may be more difficult to swallow
- To explain to Mrs Matthews how the weakened muscles of her throat have deteriorated as a result of her condition
- Referral to a Physiotherapist for monitoring of her chest status and to minimise the risk of aspiration should this occur
- Review by a speech pathologist in three weeks time.