





Inspiratory vocal cord closure in COPD

Paul Leong^{1,2,6}, Laurence E. Ruane^{1,2,6}, Debra Phyland³, Joo Koh³, Martin I. MacDonald^{1,2}, Malcom Baxter³, Kenneth K. Lau⁴, Kais Hamza⁵ and Philip G. Bardin^{1,2}

Affiliations: ¹Monash Lung and Sleep, Monash Health and Monash University, Clayton, Australia. ²Hudson Institute, Clayton, Australia. ³Dept of Otolaryngology, Head and Neck Surgery, Monash Health, Clayton, Australia. ⁴Diagnostic Imaging, Monash University and Monash Health, Clayton, Australia. ⁵Dept of Mathematical Sciences, Monash University, Clayton, Australia. ⁶Equal contribution.

Correspondence: Paul Leong, Monash Lung and Sleep, 246 Clayton Rd, Clayton, Victoria, 3168, Australia. E-mail: paul.leong@monash.edu

@ERSpublications

Inspiratory vocal cord closure is surprisingly prevalent in COPD http://bit.ly/2TVHMn0

Cite this article as: Leong P, Ruane LE, Phyland D, et al. Inspiratory vocal cord closure in COPD. Eur Respir J 2020; 55: 1901466 [https://doi.org/10.1183/13993003.01466-2019].

This single-page version can be shared freely online.

To the Editor:

During normal inspiration, vocal cord movements are limited, although mild abduction (widening) can occur [1]. Inspiratory closure is characteristic of vocal cord dysfunction (VCD), a condition that can cause refractory breathlessness [1, 2]. VCD may occur in otherwise healthy individuals and 20–40% of stable asthma patients [3], however, abnormal inspiratory vocal cord activities and putative VCD have not been investigated in other obstructive lung diseases. It is therefore of interest to determine whether inspiratory closure occurs in COPD.