Introduction:

A credible pediatric voice disorders curriculum could not overlook the fundamental assessment of voice. Unfortunately, such training is lacking in many residency and fellowship training programs. It is impossible to rely upon other health care providers such as speech and language pathologists to perform these assessments for us as such assessments are crucial to the diagnosis and treatment of voice disorders in children. Speech and language pathologists vary considerably in their voice training and this is especially true for those based in schools where the focus is on phonologic articulation. As an example, I have found that upwards of a third of patients referred to me for hypernasality and diagnosis of a possible submucous cleft palate are actually hyponasal. Though at face value the assessment may seem "dry," if one truly masters these concepts and then applies them in the clinic to the next dysphonic patient that is seen, their importance and value will become inherently obvious. More importantly, becoming a master of the paralinguistic nature of voice is paramount for planning vocal surgery. Having practiced pediatric otolaryngology for over a quarter century, I have found no other sub-specialty which requires more creativity and individualized surgical planning than voice surgery. This is especially true for surgeries done primarily for airway such as laryngotraheal reconstruction or, in the case of my panel presentation today, glottic webs. Just as a plastic surgeon would dissect the aspects of a feature being altered, the pediatric laryngologist must assess voice and ask the patient and parents which paralinguistic features are most limiting. The surgeon then determines if those features can be improved by a surgical intervention. I have encountered countless patients who have sought consultation for dysphonia following airway reconstruction and been told that the "voice box is badly scarred and damaged and you should be glad your child is alive and decannulated." Most of these patients have specific aspects of voice that can be improved. Improving their voice and setting realistic expectations is almost completely based on the voice assessment. Finally, I included a small amount of information on vocal development beginning in the neonatal period. Though limited by time in this course, truly understanding the evaluation of a baby's cry may lead to significant diagnostic and therapeutic insights. Though a course unto itself, what primarily distinguishes a pediatric from an adult voice care expert is mastery of development and how it impacts on pathophysiology, diagnosis, and treatment of voice disorders.

In this course, I will review the assessment in detail and apply the concepts to a very challenging problem in pediatric laryngology, namely glottic webs. This sequence was chosen because most of the literature contends that surgery for glottic webs should only be recommended for airway limitations as "voice outcomes are uniformly poor." Hopefully, you will see that in the modern era of pediatric otolaryngology this tenant is not necessarily true.