Lupus of the larynx: when bamboo nodes lead to diagnosis...

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DESCRIPTION

An 18-year-old patient consulted complaining of dysphonia for 3 months associated with severe weakness, headache and diffuse articular pain, with haematoma at the slightest trauma.

Laryngoscopy showed a submucosal oval lesion in the middle third of the two vocal folds resembling bamboo joint nodes ([figure 1](#)). Laboratory analysis showed the presence of antinuclear antibodies, antidouble-stranded DNA, antinucleosome, anti-SSA (117), anti-SSB (115) and anti-Sm (25) antibodies associated with thrombocytopaenia, haemolytic anaemia and severe ADAMTS-13 deficiency (under 5%). The patient was admitted to the hospital for monitoring, plasma exchange and glucocorticoid therapy. The diagnosis of systemic lupus erythematosus was made. The laryngeal lesions were bamboo nodes. The patient received Solu-Medrol 500 mg/day and prednisone 60 mg/day combined with speech therapy. The bamboo nodes partially regressed under treatment with a marked improvement of the voice. A few months later, laryngeal injection of triamcinolone 40 mg under local anaesthesia was performed with a favourable response.

Bamboo nodes are rare but typical lesions of the vocal folds, mostly associated with an autoimmune disease.¹ Hoarseness due to the vocal cord lesions may be the presenting symptom. They should be looked for in every patient with a diagnosis of autoimmune disease and who complains of dysphonia.^{2 3} Evolution under speech therapy and systemic steroids is frequently

Learning points

- ▶ All patients with bamboo nodes on the vocal folds should undergo an immunological check-up.
- ▶ All patients with autoimmune diseases complaining of dysphonia should have laryngoscopy.
- ▶ Bamboo nodes are rare but typical lesions of the vocal folds.
- ▶ Treatment includes speech therapy and corticosteroids.

favourable. Conservative treatment is preferred over surgical removal due to risk of scar and recurrence.

Contributors JT is the corresponding author and contributed to the acquisition of data and was directly in contact with the patient. She made her sign the consent. She also collected the patient's data, analysed them and wrote the text which accompanies the image. She designed the picture of the vocal folds to match the BMJ's criteria. She did a literature review. IL made the diagnosis of lupus erythematosus and saw the bamboo nodes on the vocal folds. He took the picture of the bamboo nodes when examining the larynx. He revised the written work critically and gave the final approval before submission. He participated in the design of the work.

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Figure 1 Direct laryngeal exam showing submucosal lesions in the middle third of the vocal folds.

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