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Epstein Barr virus (EBV) and Cytomegalovirus (CMV) reactivation in patients with chronic laryngotracheitis

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A retrospective case series of 507 patients was performed to determine the prevalence of reactivation of EBV and CMV in patients with chronic laryngotracheitis (CLTR). Patients were included if presented with chief complaint of hoarseness, sore throat, difficulty swallowing, or cough for greater than six weeks; stroboscopic exam showed laryngeal/tracheal inflammation and EBV/CMV serology was done. SPSS was used to analyze prevalence of elevated IgG to EBV Nuclear Antigen (EBNA), EBV Viral Capsid Antigen (EB VCA), EBV Early Antigen (EBV EA) and CMV IgG in study sample, each symptom group and symptom duration category (1-3 months, 4-6 months, and >6 months). 193 (38%) patients were EBV EA seropositive with mean titer of 1.81 while 157 (33%) had elevated CMV IgG (mean = 6.1). 40% of hoarseness subjects had elevated EBV EA IgG while 30% had high CMV IgG. 48% of patients with cough reported high EBV EA IgG while 35% showed elevated CMV Immunoglobulins. Among difficulty swallowing and sore throat groups, 34% and 46% were seropositive to EBV EA compared to 30% and 15% with elevated CMV IgG. 50 % of patients had elevated EBV EA IgG in 4-6 months duration of illness group compared to 42% and 38% in 1-3 months and > 6 months duration respectively. The prevalence of EBV and CMV reactivation in patients with CLTR is significant, may be more common in the patient with symptoms of intermediate duration, and may indicate reactivation of EBV and CMV as a cofactor in CLTR.

Biography

Mary Es Beaver MD FACS is the director of the Texas Center for Voice and Swallowing in Houston Texas, a division of Texas ENT Specialists which is the fourth largest otolaryngology group in the United States. She has published previously on causes of chronic laryngotracheitis in numerous peer reviewed journals. She is a reviewer for the Laryngoscope and is a frequent contributor to the literature regarding pathology that affects the larynx.

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