CONDITION

Laryngitis

Laryngitis is inflammation of the voice box that commonly causes hoarseness or temporary voice loss.

WHAT IT IS
Inflammation of the voice box and vocal cords

BODY SYSTEM
Throat and voice box

MAIN SYMPTOMS
Hoarseness, weak voice, sore throat, dry cough

WHAT CAUSES IT
Usually viral infection, irritation, or voice strain

HOW IT IS DIAGNOSED
Clinical assessment; laryngoscopy for persistent symptoms

MAIN TREATMENT
Voice care, fluids, and treatment of the cause

CAN IT BE CURED?
Sometimes - acute cases usually resolve

IS IT AN EMERGENCY?
Sometimes - breathing difficulty or noisy breathing

LONG-TERM OUTLOOK
Most acute cases recover within one to two weeks

Overview

Laryngitis is inflammation of the larynx, commonly called the voice box. The larynx sits in your throat and contains the vocal cords. These folds of tissue vibrate as air passes through them, producing your voice.

When the vocal cords become swollen or irritated, they cannot vibrate normally. Your voice may sound hoarse, rough, unusually low, or weak. You may temporarily lose your voice.

Most laryngitis is acute , meaning it starts suddenly and lasts a short time. It often occurs with a viral respiratory infection, such as a cold. Symptoms usually improve within one to two weeks.

Laryngitis lasting more than three weeks is often described as chronic . Persistent hoarseness may come from ongoing irritation, repeated voice strain, a vocal cord problem, or another

condition affecting the larynx. It should be assessed rather than assumed to be a lingering infection.

Laryngitis is usually manageable and is rarely an emergency. However, breathing difficulty, harsh or noisy breathing, or trouble swallowing needs prompt medical attention.

Symptoms

The main symptom is a change in your voice. It may sound raspy, strained, breathy, or deeper than usual. Speaking may take more effort, and your voice may become weaker with use.

Other symptoms can include:

Acute symptoms often develop over a day or two. Hoarseness can remain after other cold symptoms have improved because swelling around the vocal cords takes time to settle.

Children may also become hoarse during respiratory infections. A child with a barking cough and noisy breathing may have croup, which causes swelling around the upper airway. Difficulty breathing, drooling, or inability to swallow is not typical uncomplicated laryngitis and needs urgent assessment.

- Partial or complete voice loss
- A dry, sore, or irritated throat
- A frequent need to clear your throat
- A dry cough
- Discomfort when speaking
- Cold symptoms, such as a runny nose or mild fever

Causes and risk factors

A viral infection is the most common cause of acute laryngitis. The viruses responsible for colds, influenza, and similar respiratory infections can inflame the larynx. Bacterial and fungal infections are much less common.

Heavy or prolonged voice use can also irritate the vocal cords. This may follow shouting, singing, cheering, public speaking, or talking for long periods, especially when your voice is already hoarse.

Other causes and contributing factors include:

Persistent hoarseness is not always laryngitis. Vocal cord nodules, polyps, cysts, bleeding, or

reduced movement of a vocal cord can change the voice. Less commonly, hoarseness can be related to a neurological condition or cancer of the larynx.

Smoking and heavy alcohol use increase concern about a persistent voice change. Previous neck surgery, recent placement of a breathing tube, or a neck lump are also reasons to arrange earlier assessment.

- Smoking, vaping, or exposure to second-hand smoke
- Dust, fumes, chemical vapours, or other inhaled irritants
- Frequent coughing or throat clearing
- Alcohol use, which can dry and irritate the throat
- Acid or stomach contents reaching the throat
- Allergies or nasal drainage that irritates the throat
- Inhaled medicines that can irritate the larynx
- Repeated or intensive professional voice use

Diagnosis

Short-lived laryngitis is usually diagnosed from your symptoms and an examination of your mouth, throat, and neck. A test is not normally needed when hoarseness occurs with a typical cold and is steadily improving.

Your healthcare professional may ask when the voice change began, whether it followed an infection or heavy voice use, and whether you smoke or use your voice professionally. They may also ask about swallowing, breathing, heartburn, pain, and any neck lump.

Persistent or unexplained hoarseness may be assessed with laryngoscopy . This allows a specialist to see the larynx and vocal cords. A small flexible camera is usually passed through the nose after the area is numbed. The examination can show inflammation, abnormal vocal cord movement, or a growth or other structural change.

Clinical guidance recommends examining the larynx when a voice problem has not improved within four weeks, or sooner when symptoms or risk factors suggest a more serious cause.

Further tests are chosen according to what the examination shows. They may include imaging, a sample of abnormal tissue called a biopsy, or specialist voice testing. Scans are not usually the first test for hoarseness before the larynx has been examined.

Treatment and management

Most acute laryngitis improves without specific medical treatment. Management focuses on reducing strain and keeping you comfortable while the inflammation settles.

Use your voice less than usual. Speak gently and at a comfortable pitch when necessary. Avoid shouting, singing, or speaking over background noise. Whispering is not a good substitute because it can also strain the voice.

Drink enough fluid to avoid dehydration. Warm or cool drinks, throat lozenges, and humidified air may soothe throat discomfort, although they do not remove the underlying cause. Avoid breathing very hot steam because it can cause burns.

Smoking and vaping can prolong irritation. Avoid second-hand smoke and other fumes where possible. Repeated coughing or forceful throat clearing can also irritate the vocal cords; sipping water or swallowing may be gentler.

Antibiotics like amoxicillin or doxycycline do not treat viruses and are not routinely helpful for acute laryngitis. They may be considered only when a healthcare professional identifies a bacterial infection or another clear reason for them.

Corticosteroids like prednisone or hydrocortisone reduce inflammation but are not routinely recommended for ordinary hoarseness before the larynx has been examined. They may be used in selected situations after the potential benefits and risks have been assessed.

If laryngitis is linked to another condition, treatment focuses on that cause. This might include reducing exposure to an irritant, changing how the voice is used, or treating an identified reflux, allergy, infection, or vocal cord problem. Acid-suppressing medicine should not be started solely for isolated hoarseness without an appropriate assessment.

A speech and language therapist with voice expertise can teach safer voice techniques. This may help people with repeated voice strain, vocal cord lesions, or work that requires extensive speaking or singing. Some structural vocal cord problems need a procedure or surgery, but this is not typical for a brief episode of laryngitis.

Complications

Uncomplicated acute laryngitis usually clears without lasting harm.

Continuing to shout, sing, or force the voice while the vocal cords are inflamed can delay recovery. Heavy voice use may occasionally contribute to bleeding or another vocal cord injury, especially in professional voice users.

The main concern with persistent hoarseness is that a different cause may be mistaken for

laryngitis. Vocal cord movement problems, benign growths, or, less commonly, cancer can require specific treatment. Early examination is particularly important when hoarseness occurs with a neck lump, swallowing difficulty, unexplained weight loss, coughing up blood, or a history of smoking.

Significant airway swelling is uncommon in adults with ordinary laryngitis. Breathing symptoms need urgent assessment because they may indicate a more serious airway condition.

Prevention

Not every episode can be prevented. Viral infections are common, and hoarseness may occur even when you take reasonable precautions.

You may reduce your risk of infection-related or irritation-related laryngitis by:

If your work depends on your voice, specialist voice training may help you use it with less strain. This is particularly useful if episodes keep returning.

- Washing your hands and avoiding sharing cups or utensils during infections
- Avoiding smoking, vaping, second-hand smoke, and irritating fumes
- Taking breaks during long periods of speaking or singing
- Using amplification instead of shouting to a crowd
- Drinking regularly during heavy voice use
- Allowing your voice to recover when it becomes tired or hoarse

Living with it and what to expect

A typical acute episode begins during or shortly after a cold. Your voice may worsen for the first few days and then gradually return. Other respiratory symptoms may settle before the hoarseness does. Most episodes resolve within one to two weeks, although recovery is not identical for everyone.

You do not need complete silence, but reducing unnecessary talking can make daily activities more comfortable. If speaking is painful or your voice becomes weaker as you use it, stop and rest it. Text, email, or written communication may help at work or school for a few days.

Singers, teachers, performers, call-centre staff, and others who rely heavily on their voice may need temporary changes to their duties. Trying to push through a performance or prolonged speaking session can worsen strain. A professional voice user may benefit from earlier

specialist assessment because even a small change can affect their work.

Repeated or long-lasting laryngitis is not simply an acute episode that needs more time. Over months, ongoing exposure to smoke, reflux reaching the throat, inefficient voice technique, or a vocal cord problem can keep symptoms going. The outlook then depends on finding and managing the cause.

Many people with chronic voice problems improve with treatment, voice therapy, or changes in exposure and voice use. Some structural or nerve-related problems may cause a lasting voice change and need continuing specialist care.

When to get medical help

Arrange a routine medical appointment if your hoarseness is not clearly improving after about two weeks, keeps returning, or affects your ability to work or communicate. Laryngeal examination is generally recommended if a voice change continues for four weeks.

Seek earlier assessment if you have:

Seek urgent medical help for noisy breathing, drooling, inability to swallow fluids, or rapidly increasing throat or neck swelling.

Call emergency services if you or a child is struggling to breathe, has blue or grey lips or skin, cannot speak because of breathlessness, becomes unusually drowsy, or appears to have a blocked airway. Do not try to inspect or press down the throat when severe breathing or swallowing symptoms are present.

- A neck lump
- Pain or difficulty when swallowing
- Pain when speaking that does not settle
- Coughing up blood
- Unexplained weight loss
- Hoarseness after neck surgery or placement of a breathing tube
- A history of smoking with a persistent voice change
- Sudden major voice loss after shouting, singing, or other forceful voice use

Common questions

How long does laryngitis last?

Acute laryngitis usually improves within one to two weeks. The voice may be the last symptom to return to normal. Hoarseness that persists for four weeks should be examined, and some symptoms or risk factors call for earlier assessment.

Is laryngitis contagious?

Laryngitis itself is not passed between people. However, the viral infection causing it may be contagious. Handwashing, covering coughs, and not sharing drinks can reduce spread.

Should I whisper when I have laryngitis?

No. Whispering can place extra tension on the voice box. If you need to speak, use a quiet, comfortable voice without forcing it. Keep conversations brief and rest when speaking becomes difficult.

Do antibiotics cure laryngitis?

Usually not. Most acute laryngitis is viral, and antibiotics do not work against viruses. Antibiotics are reserved for situations where a bacterial infection or another specific indication has been identified.

Can acid reflux cause laryngitis?

Stomach contents reaching the throat may contribute to hoarseness in some people. Hoarseness has many possible causes, though, and reflux should not automatically be assumed. Persistent symptoms need an examination so treatment can target the actual cause.

Can I sing or exercise with laryngitis?

Gentle physical activity may be reasonable if you otherwise feel well and have no breathing difficulty or significant fever. Singing, shouting, and forceful voice use should wait until your voice has recovered. Professional singers with a sudden major voice change may need prompt specialist assessment.

Sources

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