In Reply:

We would like to thank Dr. Lechien et al. for their interest in our article. The authors raise the issue of probable inclusion bias in our study. However, in the Materials and Methods section, we state quite clearly that all patients with a history of allergy and other chronic inflammatory disorders were excluded from the study. Dr. Lechien et al. also note there were no Reflux Finding Score (RFS) data in our article. However, in the Conclusion of the article cited by Dr. Lechien et al. in their letter to the editor, it is that RFS is subject to marked interrater variability. Therefore, RFS was not used for patient inclusion criteria in our study. Dr. Lechien et al. also referred to a retrospective, uncontrolled study with a small sample size (n = 18) that discussed the possibility that muscle tension dysphonia could be misdiagnosed as laryngopharyngeal reflux (LPR) due to elevation of the Reflux Symptom Index (RSI). This interesting article was published after our study and therefore we could not comment on or cite it. However, we believe that saliva pepsin detection could be useful in differentiating diseases of this type from LPR. Furthermore, Dr. Lechien et al. mistakenly state that our inclusion criteria resulted in a diagnosis bias and that our therapeutic success rate was low (59.4%). Actually, the RSI score of our study subjects reduced significantly after 8 weeks of proton pump inhibitor treatment. The fact that 59.4% of our treatments yielded a good response (reduction of RSI ≥50%) should not be interpreted as a lack of any therapeutic effect in the other 40% of study subjects.

In addition, Dr. Lechien et al. remark that pepsin is not uncommon in the saliva of a healthy normal population, and pepsin detection may cause false positives in clinical practice. They cite a systemic review conducted by Calvo-Henríquez et al., in which pepsin detection was deemed positive in a range from 0% to 53% in 12 analyzed articles. Calvo-Henríquez et al. also state in their review that pepsin was at a notably lower concentration in healthy controls than in patients. Therefore, it seems quite reasonable that our patients had better therapeutic results in the strong positive pepsin detection group.

Finally, Dr. Lechien et al. raise the issue of the patients’ diet during the test period. However, we did not ask our patients to modify their diet. Therefore, the influence of dietary change was likely not significant in our study.

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