spasm, and dyspnea. In view of possible therapeutic intervention, we emphasize the importance of recognizing this entity and of differentiating DAB from other pulmonary diseases associated with bronchospasm in children with dysphagia, as well as in elderly patients. In particular, DAB should be suspected in younger patients with esophageal achalasia if respiratory symptoms are prominent in relation to taking a meal.

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REFERENCES

Vocal Cord Dysfunction May Be Functional

To the Editor:

There have been a number of recent studies published on what has been termed vocal cord dysfunction. Along with most every pulmonologist, I have seen many patients, over the past 23 years, with "wheezing" arising in the larynx. As with most physicians, I suspected it represented dysfunction, perhaps voluntary in origin. As time went by, a pattern seemed to arise. After appropriate treatment for asthma or COPD, the patient subjectively and objectively improved, yet the wheezing persisted. It appears, therefore, that the closure of the vocal cords is not a pathologic process. I propose that breathing against closed vocal cords is, in fact, keeping the airways open, akin to "pursed-lip breathing." When a patient is asked to exhale forcefully through pursed lips, the wheezing almost invariably disappears. Therefore, I suggest that vocal cord dysfunction is a therapeutic, rather than dysfunctional, maneuver on the part of patients and perhaps should be called "pursed cord breathing."

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