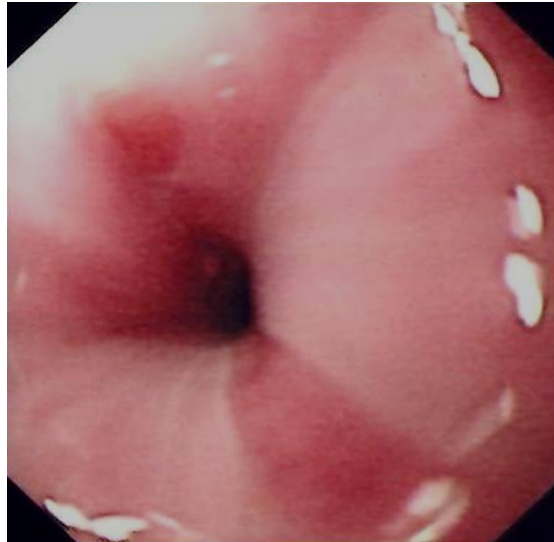


Rafidah IDRIS and Vui Heng CHONG

A 38-year-old female with background history of renal calculi and asthma was referred to the ENT department with more than a year history of chronic dry, irritative cough, regurgitation and globus sensation. On examination, the posterior pharyngeal wall was granular and the gag reflex was increased. Indirect laryngoscopy showed congested arytenoids and post-cricoid swelling consistent with laryngopharyngeal reflux (LPR). She was started on omeprazole (20 mg daily) and was advised on lifestyle modification. Despite these measures, her symptoms persisted. She was then referred for upper gastrointestinal endoscopy and abnormalities were noted in the proximal oesophagus (Panel).

Q: What is the diagnosis?**Answer:** refer to page 112

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