As far as Jackie Wyeth of Blue Hill is concerned, the speech language pathologists at WCGH’s Voice and Swallowing Center of Maine have performed a miracle. For more than 46 years, Jackie has suffered from severe throat spasms that caused her airway to slam shut and left her gasping for breath.

She never knew when the throat spasms were going to happen and couldn’t even trace the cause to a specific trigger, although they seemed to occur when something touched her airway. What she did know was that the unsettling incidents were getting worse and more frequent. The condition grew so bad that her husband took to making sure he had a knife in case he had to perform an emergency tracheotomy on her.

When Jackie would catch a cold, she slept sitting up so no postnasal drip would touch her throat and spark a spasm that would leave her breathless. She was careful to avoid eating anything pungent, so things like pickles, orange soda and even Italian salad dressing were out.

The now 57-year-old woman says she remembers the first time she suffered a severe throat spasm. She was 11 years old and she can still see herself banging her head against the mirror to get her mother’s attention, struggling and inexplicably shut tight. After the horrifying episode, she remembers being hoarse for hours.

Another time years later, when she was eight-and-a-half-months pregnant, the busy mother was having an attack so bedrooms and rushed outside so if she find her. Still, because these horrifying episodes weren’t all that frequent, the busy mother waited until she was about 37 before she made an appointment with a doctor for the first time to see if anything could be done. One physician thought she might have asthma and handed her an inhaler to try. She took a puff and immediately had an attack right in his office. He told her never to use an inhaler again and said he couldn’t help her.

Another doctor tried to put a scope down her throat to see what the actual situation was and when the almost inevitable attack occurred and she began to choke, he had a frighteningly difficult time getting the tube out. But afterwards he also didn’t know what to recommend. Ultimately he suggested that whenever she suffered an attack, she try to relax and take her mind off it by putting her hand on her thigh and fixating on a spot on the wall. Jackie says that technique actually worked for quite a few years but then the attacks started getting more acute and far more frequent, sometimes as often as twice a month. “It was getting out of control,” she says.

Finally, late last year she had a particularly alarming attack that lasted for more than an hour. Clearly the old mind-over-matter technique was no longer working and her condition was worsening.

She had read about a new ear-nose-and-throat doctor in Ellsworth and in desperation she made an appointment to see him. After examining her thoroughly and hearing what she had been through, he made an appointment for her at the Voice and Swallowing Center of Maine. It was Dec. 18, 2007, Jackie recalls, when she drove over to Belfast from Blue Hill, all the time thinking, “What’s this going to do for me?” After all she’d endured and all the doctors she had seen over the years, she wasn’t optimistic.
Her first visit to the center based at Waldo County General Hospital, however, was a truly life-changing experience. Her condition, she discovered, actually had a name, Vocal Cord Dysfunction, also known as Paradoxical Vocal Fold Movement (PVFM), and she learned how to deal with it.

According to speech language pathologist Michael Towey, who established and directs the Voice and Swallowing Center of Maine, PVFM occurs when a trigger causes the vocal folds in one’s throat to close when they should open. It is often mistaken for asthma because it leads to wheezing and difficulty breathing.

Among the most common triggers are coughing or shouting, physical exercise, acid reflux, or breathing cold air or irritants, such as smoke, pollen, chemical fumes and odors. The symptoms include shortness of breath, intermittent hoarseness and/or wheezing and chronic cough and/or throat clearing.

Jackie, who has not had an attack since her first visit to the center, regularly practices the simple breathing exercise she was taught and is happy to report she has started adding once-forbidden foods back into her diet, including pickles and Italian salad dressing. And her husband no longer lives in fear that at any moment he is going to have to take heroic measures to save her life.

Jackie’s case of PVFM is hardly the first instance of PVFM that the center has dealt with. In fact, at the 2007 annual convention of the American Speech-Language-Hearing Association held in Boston last November, WCGH’s Erica Ricker and Towey used a similar case study in a presentation to the national audience.

In that case, a 42-year-old woman had arrived at Waldo County General Hospital after collapsing at work. She’d been having trouble breathing for four hours and had lost her voice after smelling a cleaning fluid at her workplace. Fortunately, the doctor on duty in the emergency room recognized the problem and immediately referred her to the center.

On a dramatic audiotape played during their presentation in Boston, Ricker and Towey, purposely trigger an episode with that woman. She can be heard developing breathing problems and losing her voice. But in a matter of seconds, using techniques developed at the voice center, the woman is able to reduce the tightness in her vocal cords and eliminate her symptoms.

Towey says PVFM is a rare but increasing problem, especially among young high-achieving woman athletes, and is often misdiagnosed as asthma. He recalls one patient from southern Maine, who was told she had asthma. She was competing in a swim meet when she couldn’t catch her breath and nearly drowned. It turned out she was suffering muscle spasms in her throat, caused by the stress of the rapid breathing during a race. Her muscles slammed shut in reaction. Once the correct diagnosis was made, the young woman was taught techniques to use when she feels the problem coming on.

While making an accurate diagnosis of PVFM can be challenging and needs to take place while symptoms are present, treating the problem can sometimes be accomplished in just one session with a single follow-up visit.

And usually that follow-up visit is similar to one Jackie had. She was grinning ear to ear as she told voice specialists Towey and Ricker, “It’s a miracle. I feel wonderful for the first time in years and am no longer living in constant fear that I am going to die. You were a godsend to me. And my husband says to thank you, too.”