

Content available at: <https://www.ipinnovative.com/open-access-journals>

IP Journal of Otorhinolaryngology and Allied Science

Journal homepage: <https://www.joas.co.in/>

Short Communication

An insight into globus pharyngeus: A diagnostic dilemma

Neha Chauhan¹, Sonali Sharma¹, Darwin Kaushal^{1,*}¹Dept. of Otorhinolaryngology, AIIMS - All India Institute of Medical Sciences, Bilaspur, Himachal Pradesh, India

ARTICLE INFO

Article history:

Received 01-05-2022

Accepted 24-05-2022

Available online 18-07-2022

Keywords:

Globus pharyngeus

Gastroesophageal reflux

ABSTRACT

Globus pharyngeus is a common disorder encountered in patients in Otorhinolaryngology out-patient department. Patients often express this as a feeling of foreign body stuck in throat or choking sensation in throat. Detailed history and investigations are needed to rule out malignancy. Patient should be thoroughly counselled to relieve anxiety.

This is an Open Access (OA) journal, and articles are distributed under the terms of the [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License](#), which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprint@ipinnovative.com

1. Introduction

Globus pharyngeus is a common disorder encountered in patients in Otorhinolaryngology out-patient department. Patients often express this as a feeling of foreign body stuck in throat or choking sensation in throat. It accounts for 5% of fresh referrals to the ENT specialist.^{1,2} Historically globus was primarily thought to have a psychological association and was termed as “globus hystericus”.^{1,3} However, it was renamed more accurately to “globus pharyngeus” in 1968 by Malcolmson.^{1,4} Globus Pharyngeus is defined as (i) a persistent or intermittent sensation of a lump or foreign body in the throat for at least 12 weeks, (ii) occurrence of the sensation between meals, (iii) absence of dysphagia and odynophagia, (iv) absence of pathological gastroesophageal reflux (GERD), achalasia, or other motility disorder with a recognized pathological basis (e.g., scleroderma of the oesophagus).^{2,5}

2. Etiology

Globus pharyngeus can be attributed to multiple etiological factors as listed below (can be remembered as acronym GLOBUS Pharyngeus).

1. Gastric Mucosal patches in cervical oesophagus have been associated with globus pharyngeus, these are deemed to be congenital in nature and have been referred to as cervical heterotopic gastric mucosa (CHGM).^{2,6–8} The acid production from this heterotopic gastric mucosa leads to symptoms similar to gastroesophageal reflux disease.
2. Laryngopharyngeal reflux secondary to gastroesophageal reflux disease leads to direct irritation and inflammation of the mucosa due to retrograde flow of gastric contents.⁸
3. Oesophageal motility disorder- This is another potential cause for globus pharyngeus.⁸
4. Base of tongue hypertrophy- Hypertrophy of the follicles of the base of tongue and lingual tonsils may also contribute to symptoms when these follicles touch the posterior pharyngeal wall.⁸
5. Upper oesophageal sphincter function- Hypertonicity of the upper oesophagus may also be attributed to globus, however various studies have revealed contradictory results.^{8,9}
6. Stress and psychological disorders have been seen to be associated with globus sensation. Historically named as “Globus hystericus”, studies have revealed higher levels of anxiety, somatic concerns in patients

* Corresponding author.

E-mail address: drdarwin.aiims@gmail.com (D. Kaushal).

presenting as globus.^{3,8,9}

7. Pharyngeal inflammation and irritation secondary to chronic pharyngitis, tonsillitis, post nasal discharge due to chronic sinusitis may lead to globus sensation.⁸
8. Other factors that may contribute include retroverted epiglottis, impalpable thyroid nodules and cervical osteophytes.⁸

3. Diagnosis and Management

Globus pharyngeus has multifactorial etiology and hence there is no single treatment modality. Reassurance is the mainstay of the treatment. If history and examination suggest associated gastroesophageal reflux disease then a course of proton pump inhibitors (PPI) along with dietary and lifestyle modifications can be started. If the patient responds well to treatment, then consider weaning off the patient from PPI.⁸ Other treatment modalities include speech therapy and relaxation exercises, cognitive behavioral therapy. Laser ablation of CHGM by argon plasma coagulation has also reported improvement in symptoms of globus.^{6–8}

4. Conclusion

The diagnosis is based on complete history, detailed examination however investigations should be performed to rule out malignancy of the upper aerodigestive tract and to diagnose associated disorders. Diagnostic endoscopy should be performed to rule laryngopharyngeal lesions. Risk factors like smoking, elderly age group, symptoms with acute onset like odynophagia, dysphagia warrant further investigations. Globus pharyngeus is a clinical diagnosis, clinician must avoid over- investigating the patient unless warranted.

5. Source of Funding

None.

6. Conflict of Interest

None.


References

1. Rowley H, O'Dwyer TP, Jones AS, Timon CI. The natural history of globus pharyngeus. *Laryngoscope*. 1995;105(10):1118–21. doi:10.1288/00005537-199510000-00019.
2. Cashman E, Martin D. The Natural History of Globus Pharyngeus. *Int J Otolaryngol*. 2010;doi:10.1155/2010/159630.
3. Purcell J. A Treatise of Vapours or Hysterick Fits. 2nd Edn. London: Creative Media Partners, LLC; 2018.
4. Malcolmson KG. Globus hystericus vel pharyngis. *J Laryngol Otol*. 1968;82(3):219–30. doi:10.1017/s0022215100068687.
5. Galmiche JP, Clouse RE, alint A. Functional esophageal disorders. *Gastroenterology*. 2006;130(5):1459–65. doi:10.1053/j.gastro.2016.02.012.
6. Alaani A, Jassar P, Warfield AT, Goulesbrough DR, Smith I. Heterotopic gastric mucosa in the cervical oesophagus (inlet patch) and globus pharyngeus-an under-recognised association. *J Laryngol Otol*. 2007;121(9):885–8.
7. Meining A, Bajbouj M, Preeg M. Argon plasma ablation of gastric inlet patches in the cervical esophagus may alleviate globus sensation: a pilot trial. *Endoscopy*. 2006;38(6):566–70. doi:10.1055/s-2006-925362.
8. Lee BE, Kim GH. Globus pharyngeus: a review of its etiology, diagnosis and treatment. *World J Gastroenterol*. 2012;18(20):2462–71.
9. Korteque S, Karkos PD, Atkinson H, Sethi N, Sylvester DC, Harar RS, et al. Management of Globus Pharyngeus. *Int J Otolaryngol*. 2013;doi:10.1155/2013/946780.

Author biography

Neha Chauhan, Assistant Professor

Sonali Sharma, Junior Resident

Darwin Kaushal, Associate Professor  <https://orcid.org/0000-0001-7719-6409>

Cite this article: Chauhan N, Sharma S, Kaushal D. An insight into globus pharyngeus: A diagnostic dilemma. *IP J Otorhinolaryngol Allied Sci* 2022;5(2):62-63.