

# Globus Pharyngeus

## Definition.

**Swallowing** is a complicated sequence of both voluntary and reflex movements, which needs your brain to coordinate many muscles and nerves.

**Dysphagia** is the medical term for a sensation of difficulty or abnormality of swallowing. It can happen rapidly, or slowly and has many causes.

**Globus Pharyngeus:** The term “globus” is derived from the Latin meaning “ball”. It is defined as at least 12 weeks, in the preceding 6 months of:

- persistent or intermittent, non-painful sensation of a lump or foreign body in the throat....
- in the **absence of dysphagia**,
- in the **absence of oesophageal pathology**.

Globus is extremely common, affecting up to 46% of healthy middle-aged people. The condition accounts for around 4% of ENT referrals worldwide.

## Causes:

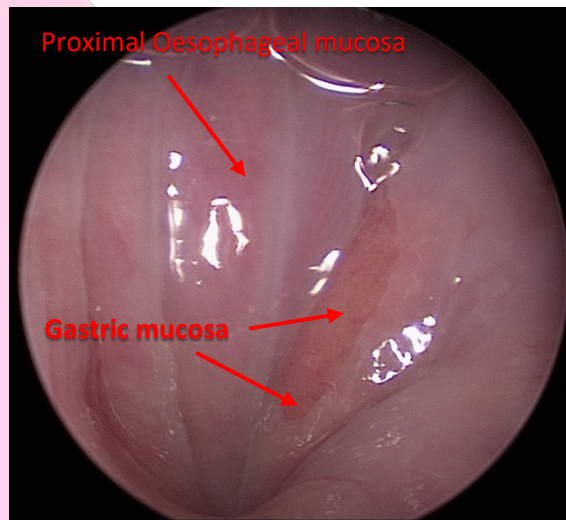
A number of underlying mechanisms for **globus** have been proposed including:

- Gastro-oesophageal reflux
- Cricopharyngeal spasm
- Pharyngeal and Oesophageal dysmotility
- Pharyngeal and Oesophageal hypersensitivity..

But the underlying causes remains unclear. Gastro-oesophageal reflux remains the most favoured cause for **globus**. For example, from studies, a person with reflux symptoms has ~ 2 times the odds of experiencing **globus**, compared with a person without reflux symptoms. Oesophageal hypersensitivity in patients with **globus** has also been demonstrated in a number of studies. Life stress might be a co-factor in the genesis or exacerbation of **globus** symptoms.

Patients often worry that the symptom of **globus** may be the first sign of an upper aero-digestive tract cancer. However, studies have shown that it is exceedingly rare for globus to be the sole presenting symptom, and cancer is usually accompanied by pain, dysphagia, or hoarseness.

A number of upper pharyngo-oesophageal conditions have been reported in globus sufferers, such as *hiatus hernia*, *cervical osteophytes*, *cricopharyngeal bar*, *cervical web*, and *heterotopic gastric mucosa* (stomach lining tissue found in the upper oesophagus). However, these conditions are found no more commonly in globus sufferers than in the general population.



**Fig. 1** – heterotopic gastric mucosa

## Diagnosis:

The diagnosis of pure *globus* is generally achieved with a careful history, physical examination and digital naso-laryngopharyngoscopy alone. Rarely, in the absence of additional symptoms or findings, are further investigations required.

If indicated, an instrumental swallowing evaluation such as Flexible Endoscopic Evaluation of Swallowing (link to FEES page) and/or a Videofluoroscopy Swallowing Study (x-ray) (link to VFSS page) may be utilised.

Additional tests are rarely required for pure *globus*, but may include a standard barium swallow, and manometry to exclude any muscular cause for your symptoms may also be performed.. A validated questionnaire, called a patient-related outcome measure, is often completed initially, and repeated later on to measure your progress. *E.g. Eat-10 or SWAL-QOL.*

## Management:

Once you have had a complete swallowing evaluation, the swallowing specialists can recommend ways to improve your ability to eat and drink depending on the specific problems found:

### i) **Conservative Treatment:**

- **Explanation and reassurance:** Given the benign nature of the condition, the likelihood of persistent symptoms long-term, and the absence of evidence for the effectiveness of treatments, the mainstay of *treatment* rests with explanation and reassurance.
- **Proton Pump Inhibitors:** There are grounds for a trial of a PPI, especially where typical reflux symptoms are present.
- **Coagulation ablation of cervical oesophageal inlet patch:** One small study has demonstrated, that, ablation of cervical oesophageal inlet patch mucosa, when present, can alleviate globus.

### ii) **Behavioural and Psychotropic Therapies:**

- There is some anecdotal evidence of symptomatic benefit with the use of tricyclic antidepressants.

## Initial recommendations:

- Take your time when eating and drinking
- Take smaller mouthfuls and chew well
- Alternate liquids with solids to clear residue.
- Ask your GP or physician today whether you need a swallowing evaluation.
- See your GP urgently if you are coughing and choking after swallowing, have a fever, or a productive cough.