

Globus hystericus - lump in throat for patient and challenge for doctor

Shamendra Kumar Meena

Medical Officer, Govt. Medical College, Kota, Rajasthan

Email: shamendra.meena82@gmail.com

Abstract

Lump in throat sensation expressed by patients is real and needs a thorough investigations of upper aero digestive tract. Laryngopharyngeal reflux was found to be most common cause followed by emotional instability (female) & chronic granular pharyngitis. Others being sinusitis (post nasal discharge) cervical osteophytes, hypothyroidism, lingual tonsil, Laryngopharyngeal malignancy etc. Globus sensation can be an early sign of a malignant lesion. Hence investigations like video laryngoscopy, direct laryngoscopy, barium swallow, and esophagoscopy should be done in all patients. Psychotropic drugs have an important role in the management of these patients especially, where no organic lesions were found. Globus pharyngeus is a term which denotes a symptom rather than a diagnosis. Treatment with PPI, antidepressant / anxiolytics, saline gargles and avoidance of cold water and food items, in patients with no definite cause was found to be very effective. This combination of can be taken as an initial line of treatment until detailed evaluation and investigation results are not obtained

Keywords: Laryngopharyngeal reflux, Globus hystericus pharyngus

Introduction & History

Globus sensation can have underlying physiological or anatomical causes and there are: a number of potential aetiologies.⁽¹⁾ Globus sensation is thought to be a common symptom. It accounts for 4-5% of new referrals to ear, nose and throat (ENT) outpatient clinics.⁽²⁾ The classical sign of lump in the throat sensation is described as a median or paramedian sensation of an unidentified object in the pharynx mainly at or around the cricopharyngeal level in neck region. True dysphagia and weight loss are absolutely absent.

Hippocrates described globus sensation for first time. [Latin word Globus means lump], but accurate definition of Globus was given by **John Purcell** in 1707. The term "Globus Pharyngeus" was proposed by Malcomson⁽³⁾ in 1968 as it was assumed to be of psychic origin. It was Pratt⁽⁴⁾ who coined the term "Globus Hystericus" in 1976. Purcell postulated that it was due to contraction of strap muscles of neck pressing on thyroid cartilage and therefore globus symptoms were "not vain imaginations and groundless fancies" expressed by the patient but are real sensations actually felt by the patient.

Wareing et al.⁽⁵⁾ believed that this throat sensation can be caused by excessive pharyngolaryngeal tension, therefore, neck and shoulder exercises are advised to reduce the laryngeal muscle tension, general relaxation techniques, together with voice exercises and **voice hygiene** may be of benefit especially for those whose globus is accompanied by dysphonia.

Globus is the sensation of a 'lump in the throat.' The symptom is extremely common and poorly understood. The differential diagnosis is expansive and ranges from a conversion disorder to esophageal cancer. In order to obtain a universal consensus on the diagnosis and management of globus, we have asked some of the world's leading experts in voice and swallowing disorders to present their perspective on the disorder. It

is a privilege to summarize the following main points conveyed by these global authorities.

1. Globus is a universal phenomenon. Patients with globus in Japan have similar presenting symptoms and finding to patients in the United Kingdom, Belgium, Ireland, Spain, Greece, and the United States.
2. Globus is extremely prevalent. One in two people will experience globus at some point in their lifetime.
3. Although somatoform disorder should be considered in the differential diagnosis for patients with globus, the term 'globus hystericus' is outdated and has been replaced with globus pharyngeus.
4. Globus is frequently associated with reflux disease. The mechanism of reflux-associated globus may be secondary to direct contact with gastric refluxate or through vasovagal reflex triggered by esophageal distension or acidification. Ordinate (Japan) suggest classifying patient with globus into those with reflux-negative and reflux-positive disease.
5. Barium swallow has little place in the diagnostic evaluation of globus.
6. Globus can be classified into primary globus pharyngeus when there is no evident etiology and secondary globus pharyngeus when the cause is detectable. Primary globus pharyngeus is a diagnosis of exclusion.
7. Rigid esophagoscopy is not generally recommended for the routine evaluation of globus.

Many researchers regarded cricopharyngeal spasm as the principal generator of the symptom, but evidence to support this is scanty. In the past decade, there has been an increasing acceptance that globus is not merely a hysterical manifestation, but is related to some underlying dysfunction of the pharyngo-esophageal segment. It was postulated that the condition described as globus sensation may be no more than a variant

presentation of reflux esophagitis, the basis of these symptoms being an esophageal motility disturbance consequent upon the irritant effect of gastro-esophageal reflux though many workers disagree to this assumption. Still etiology is unknown but appears to be multi factorial, recent study focuses on GERD. Role of pepsin induced laryngeal injury is an exciting concept. Multifactorial causes are Hiatus hernia, Maxillary sinusitis, Lingual tonsillitis, Dental malocclusion, Cervical osteophytes, Vallecular cyst, hypothyroidism. It is also found to be associated with Sideropenic anaemia prior to the development of Patterson- Brown Kelly syndrome. Indeed throat clearing is the most common single symptom endorsed when direct enquiry is made of a voice clinic population.⁽⁶⁾

Objective

Investigations for clinical features and etiology of feeling lump in throat.

Materials and Methods

100 patients were include from ENT OPD august 2015- august 2016 with complaints of lump in the throat sensation were selected for study. All patients undergone through the detailed history taking, clinical examination and investigations like Diagnostic Nasal Endoscopy, Video laryngoscopy, X-PNS, Barium swallow, X-Ray soft tissue neck – lateral view & AP view Thyroid function tests and Psychiatric evaluation was also done. Patient selection criteria is as follows.

Inclusion criteria⁽⁷⁾

Age between 15- 65 years of both sexes.⁽²⁾

No previous treatment taken for the same complaints.

Exclusion criteria⁽⁸⁾

Patients with malignancies of oropharynx, oral cavity, esophagus and stomach.

Patients with symptoms of less than 14days duration.

Patients with definite etiology were treated as per the cause. Patients without any specific association or causes were treated with antacid. , antidepressants plus anxiolytics and saline gargles.

All patients were followed up for 5-7 months.

Results and Observations

Out of hundred patients studied, 66% patients were females and 34% were males with ratio of 1.9:1. This indicates a female predominance in the study. In 91% of patients, the site of sensation was at & above the level of cricoid and in 9% it was below the cricoid level. None of the patients had any true dysphagia. The onset of symptoms was gradual in 72% and precipitating events were recollected only by 8%. Fear of cancer was a major contributing factor and was present in more than 50% of the patients. Majority of patients fall in the age group of 25- 45 years (45%), followed by 46-60 years (35%) of

the total patients. In both groups, female predominance has been observed. Emotional instability was shown by 31% patients, of which 25% patients were males and 75% were females. All those patients with GERD and emotional instability had undergone gastro as well as psychiatric evaluation.

Most common association found was LPR, then emotional instability followed by chronic granular pharyngitis. 53% patients showed symptoms related to GERD like acid regurgitation, retrosternal pain, abdominal distension and belching. Third common association was chronic granular pharyngitis, consisting of 19% of the study population, 55% being males and 45% females, which is almost equal. Hypothyroidism in 2%, post nasal drip in 2% and cervical osteophytes in 3% as shown in the X-ray of Neck – lateral view was noticed. No patient has shown any esophageal web or growth. Lingual tonsil (1%) and hypopharyngeal malignancy(1%) was observed, both were females 39.

All those patients without specific reasons were given reassurance, proton pump inhibitors twice daily, antidepressants plus anxiolytics in the night and saline gargles twice a day. Also advised to avoid intake of cold water and cold food items. Patients with specific reasons were treated accordingly. Follow up for 5-7 months revealed approximately complete relief of symptoms.

Discussion

Lump in the throat is a persistent or intermittent non painful sensation of foreign body in the throat. Commonly seen in clinical practice, usually long standing, difficult to treat and has a good tendency to recur. Due to undefined etiology, it remains difficult to establish standard investigations and treatment plans. Condition is classically considered to occur most frequently in middle aged people but other studies proved that both younger and older age groups are also affected. In present study, age of patients varied from 15 to 65 years. The maximum incidence was found in the age group of 31 - 40 years.

Hippocrates considered that lump in throat sensation was to be a disease of menopausal woman. Now it has been proved that both sexes are affected, but there is always a female predominance. This study is also showing a female predominance of 1.9:1. The duration of symptoms of patients attended in this study varied from 14 days to 5 months and average duration of history was found to be 2.5 months. This is in difference with that of study by AJG Batch⁽²⁾ whose average duration of symptoms was 20 months. Osteophytes in the region of C5, C6, C7 cause lump, pain on swallowing. Malcomson⁽³⁾ has also reported it as positive finding in 60 out of 307 patients. In this study 3% patients have reported cervical osteophytes.

Psychological evaluation showed that majority of patients were either anxious, worried or depressed mainly due to this disease. In 2 different studies by Pratt et al and H. Puhakka,⁽¹⁰⁾ it was found that patients have

higher than average score on depression and hypochondriac scales. But in this study, majority patients [76%] were having anxiety when compared to depression. The percentage of malignancy in this study is negligible i.e. only 1%. This is different from that of the study by Nishijima and Bradley et al, which is 3% and 5% respectively.⁽⁹⁾

Conclusion

In present study most of cases of lump in the throat sensation was found in the age group of 25 - 40 years, followed by an age group of 41 - 55 years. Lump in throat sensation expressed by patients is real and needs a full investigations of upper aero digestive tract. LPR was found to be most common cause followed by emotional instability (female) & chronic granular pharyngitis. Others being sinusitis (PND), cervical osteophytes, hypothyroidism, lingual tonsil, Laryngopharyngeal malignancy etc. Globus sensation can may an early malignant lesion sign. Hence investigations like video laryngoscopy, direct laryngoscopy, barium swallow, esophagoscopy should be done in all patients. Psychotropic drugs have an important role in the management of these patients especially, where no organic lesions were found. Globus pharyngeus is a term which denotes a symptom rather than a diagnosis. Treatment with PPI, antidepressant/ anxiolytics, saline gargles and avoidance of cold water and food items, in patients with no definite cause was found to be very

effective. And this combination of treatment can be taken as an initial line of treatment until detailed evaluation and investigation results are not obtained.

References

1. Lee BE, Kim GH; Globus pharyngeus: A review of its etiology, diagnosis and treatment. *World J Gastroenterol.* 2012 May 28;18(20):2462-71.
2. Cashman EC, Donnelly MJ; The natural history of globus pharyngeus. *Int J Otolaryngol.* 2010;2010:159630. Epub 2010 Dec 27.
3. Malcomson, K.G.1968: Globus hystericus Vel Pharyngis. *Journal of Laryngology and Otolaryngology*, 82:219-230.
4. Pratt et al. 1976: Globus hystericus- Office evaluation by psychological testing with MMPI. *Laryngoscope*, 86:1540-1551.
5. Wareing M, Elias A, Mitchell D. Management of globus sensation by the speech therapist. *Logoped Phoniatr Vocol* 1997;22:39-42.
6. Wilson JA, Webb A, Carding PN, et al. The Voice Symptom Scale (VoiSS) and the Vocal Handicap Index (VHI): a comparison of structure and content. *Clin Otolaryngol* 29:169-174. *4 Laryngology and broncho-esophagology.*
7. Ardran. G.M. 1982: Feeling of lump in throat: Thought of a radiologist, *Journal of Royal society of Medicine*, 75:242-244.
8. Batch, A.J.G. 1988: Globus pharyngeus. *Journal of Laryngology and Otolaryngology*, 102:152-158;227- 230.
9. Bradley et al. 1987: Clinical aspects of Pseudodysphagia- *Journal of Laryngology and Otolaryngology*, 101:689- 694.
10. Puhakka et al. 1976: Globus hystericus- A psychosomatic disease? *Journal of Laryngology and Otolaryngology*,70:530-534.