



LOBUS PHARYNGEUS: A DIAGNOSTIC DILEMMA TO OTORHINOLARYNGOLOGIST

Otorhinolaryngology

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ABSTRACT

Throat discomfort or globus pharyngeus or “lump in the throat” is one of the common symptoms for which a patient is referred to an otorhinolaryngology clinic. The causes may vary according to the region of involvement along the upper aero-digestive tract. Detailed history and examination are needed to diagnose this clinical entity. Reassurance is the key component of management.

KEYWORDS

Globus Pharyngeus, Gastroesophageal reflux, Proton pump inhibitor

INTRODUCTION

Globus, a persistent or intermittent non-painful sensation of a lump or foreign body in the throat, is a well-defined clinical symptom that is usually long-lasting, difficult to treat, and has a tendency to recur. This symptom frequently improves with eating and is generally unaccompanied by dysphagia or odynophagia[1].

It is a common condition that accounts for approximately 4% of new referrals to ear, nose and throat (ENT) clinics, and it is reported by up to 46% of apparently healthy individuals, with a peak incidence in middle age[2]. Due to a wide range of differential diagnosis, a thorough ear, neck and throat (ENT) examination is often needed with a detailed history, clinical examination and direct visualization of upper airway with flexible endoscopic examination.

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 esophagus)[3].

Possible Etiology

The presence of lingual tonsil, cricopharyngeal spasm, hiatus hernia, cervical osteophytosis, sinusitis, gastro-oesophageal reflux, Esophageal motor disorders, Hypertrophy of the tongue base, Retroverted epiglottis, Cervical heterotopic gastric mucosa, post-nasal drip and anxiety have all been described in the literature for the possible etiology.

Diagnosis and management

Globus is the fourth most common symptom of somatization disorder after vomiting, aphonia, and pain in the extremities[4]. This condition is equally prevalent in men and women, though the latter are more likely to seek health care for this symptoms [5]

Hoarseness of voice, chronic cough and constant throat clearing are common symptoms. Due to its benign nature, and long term persistence of symptoms and multifactorial etiology, there is no single modality of treatment. Reassurance is the mainstay of the treatment. If the history and examination is suggestive of GERD symptoms then proton pump inhibitor (PPI) and lifestyle modifications are advised.

Other modality of treatment includes speech therapy/relaxation techniques (including neck and shoulder exercises) general relaxation techniques, voice exercises, and voice hygiene to relieve vocal tract discomfort and tension. Cognitive-behavioral therapy has emerged as the best treatment for a variety of somatoform disorders and medically unexplained symptoms[6]. Laser ablation of CHGM by argon plasma coagulation has also reported improvement in symptoms of globus[3].

CONCLUSION

Globus pharyngeus is a diagnosis of exclusion by complete history and through investigations. Diagnostic Endoscopy of upper aerodigestive tract should be performed to rule out malignancies. In future, well-designed, randomized controlled studies are needed to definitively determine the effect of PPI and cognitive behaviour therapy on globus pharyngeus.

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