

## Case 11:



EDINBURGH UNIVERSITY  
EAR NOSE & THROAT  
SOCIETY

*The Edinburgh ENT Soc cases have not been proofread by any professionals or members of the medical school. They have been made based on the guidelines available at the time.*

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A 75-year old woman presents to her GP with a 6-month history of a persistent feeling of a lump in the throat, which lessens when she eats and drinks. She is particularly stressed at the moment due to the uncertainty surrounding COVID-19.

She has a past medical history of gastro-oesophageal reflux disease, for which she takes Gaviscon. She has never smoked and drinks up to 10 units of alcohol/ week.

**Question 1:** What is the most likely diagnosis?



**Globus pharyngeus** is the most likely diagnosis here. Globus pharyngeus is the feeling of a lump in the throat where no true lump exists. GORD has been suggested to account for 23-68% of globus pharyngeus cases. Stress and anxiety can make the feeling worse.

Because the patient's symptoms are alleviated by eating and drinking, and they are no worrying systemic symptoms, achalasia and upper oesophageal cancer are unlikely. Eosinophilic oesophagitis should be on your differential, but it is typically seen in young, white males with a history of atopy.

Other conditions to add to the differential diagnosis are thyromegaly and nasal polyps.

**Question 2:** The GP refers the patient to ENT. Which investigations would be appropriate?

**Question 3:** What treatment options are available for globus pharyngeus?



### Investigations for globus pharyngeus:

Diagnosis is based largely on **clinical history**. However, a **barium swallow and endoscopy** would exclude other diagnoses, and would appear normal in globus pharyngeus.

**Ambulatory pH monitoring** may be indicated and is usually normal in patients without reflux symptoms.

Thyroid function tests and anterior rhinoscopy may be recommended depending on the history.

### Globus pharyngeus treatment:

- Simple reassurance
- Vocal hygiene advice: avoiding cigarette smoke, alcohol and caffeine may help.
- Avoidance of dry swallowing/ clearing the throat may help.
- PPIs may be effective in patients with GORD
- Speech and language therapy may improve symptoms.
- Management of stress/anxiety may also help.

### References:

Lee BE and Kim GH. (2012). Globus pharyngeus: A review of its etiology, diagnosis and treatment. *World Journal of Gastroenterology*, 18, 2462-2471.

SJ Charous, April 2020. *BMJ Best Practice: Assessment of Dysphagia*, <https://bestpractice-bmj-com.ezproxy.is.ed.ac.uk/topics/en-gb/226/diagnosis-approach> Last accessed 16/10/20.

