

## Globus Sensation

Peter C. Belafsky

Department of Otolaryngology, University California at Davis, Sacramento, California, USA

Current Opinion in Otolaryngology & Head and Neck Surgery 2008, 16:497

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disorder should be considered in the differential diagnosis for patients with globus, the term 'globus hystericus' is outdated and has been replaced with globus pharyngeus.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. Esophagraphy 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.

Sometimes a lump in the throat is a lump in the throat. The differential diagnosis for globus pharyngeus is listed:

1. Gastroesophageal reflux (GER)

2. Laryngopharyngeal reflux (LPR)
3. Conversion disorder
4. Heterotopic gastric mucosa (inlet patch)
5. Esophageal dysmotility
6. Cervical osteophyte
7. Aerodigestive tract neoplasm/malignancy
8. Cricopharyngeal dysfunction
9. Thyroid enlargement
10. Lingual tonsil hypertrophy
11. Epiglottis abnormality
12. Eagle's syndrome (elongated styloid process)
13. Vallecular cyst

Some of the findings in patients presented to the Center for Voice and Swallowing at UC Davis with globus sensation are listed below:

1. Dysphagia lusoria
2. Candida esophagitis
3. Laryngeal leukoplakia ((hyperkeratosis)
4. Vallecular cyst
5. Laryngeal cancer
6. Esophageal cancer
7. Respiratory papillomatosis
8. Upper Esophageal web
9. Laryngeal sarcoidosis
10. Zenker's diverticulum
11. Vocal process granuloma
12. Vocal fold polyp

Our approach to the patient presenting with globus is straightforward. The patient undergoes an unsedated transnasal esophagoscopy (TNE) at the initial office visit. The entire upper aerodigestive tract from nasal vestibule to gastric body is evaluated. If any disorder is identified it is treated appropriately. If the examination is negative the patient is reassured and behavioral modifications for reflux disease are recommended. If symptoms persist and negatively affect the patient's quality of life, a more detailed diagnostic evaluation is initiated. This workup may include any combination of esophagography, computed tomography, ambulatory pH and impedance testing, thyroid ultrasound, and psychological evaluation as dictated by the individual patient scenario. The vast majority of patients are satisfied with the simple assurance that they do not have cancer as established by the endoscopy. The comprehensive workup is reserved for the few whose life is truly affected by the persisting sensation.