

## LOBUS HYSTERICUS — AN OVERVIEW

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### Introduction

Globus hystericus, Globus pharynges, Functional dysphagia, Globus syndrome are synonymous<sup>1</sup>. It is a psychogenic disorder of alimentary tract extremely common, the cause is poorly understood, indeed may be relieved by swallowing food or drink, occurs in tense anxious individuals<sup>2,3</sup>.

### Natural History :

Persistent feeling or sensation of a lump in the throat, usually in mid line, localised just above the supra sternal notch around the level of cricoid cartilage, is the commonest complain, mainly occurs in anxious, middle aged, menopausal ladies<sup>3,4</sup>. There is interference with swallowing but no true dysphagia for solid & liquid and the symptoms often noticeable in empty swallowing of saliva, are often diagnosed as globus if on examination nothing found<sup>5</sup>. The symptoms brought by or made worse by anxiety, have no other throat symptoms, no loss of weight, no hoarseness of voice, no sore throat<sup>6</sup>.

### Diagnosis :

Globus is functional though cineradiography study may show abnormalities in rhythm of swallowing, Ba-swallow & Ba-meal & oesophagoscopy reveal

no abnormality<sup>7</sup>. The condition may be due to spasm of upper oesophageal sphincter. Many of the patients have reflux oesophagities. Oesophageal reflux due to abnormality in cardia may produce vague upper end symptoms, antacids reported to help if this is the case<sup>5,8,9</sup>.

Globus hystericus should not be diagnosed until an organic lesion especially a malignancy has been excluded<sup>10</sup>, all other causes of dysphagia has to be excluded carefully. The patient often admits to psychological stress or cancer phobia<sup>11</sup>. An attempt should be made to offer insight in the nature of the problem, a detail history, careful examination with x-ray if appropriate will help to reassure a certain number of patients. A history of friends or relatives with throat disease requires sympathetic probing<sup>12</sup>.

One also has to remember that even most neurotic patient, however on rare occasions is found to have a serious disorder present<sup>14</sup>. Recent bereavement is often relevant<sup>7</sup>. It is important to request psychiatric attention for those who need it. Serious underlying emotional disturbances requires expert psychiatric evolution<sup>8,11</sup>.

Early Carcinoma or Pharyngeal web must also be excluded. Pharyngeal Pouch may be preceded by a globus syndrome due to hypertonic cricopharyngeous<sup>3</sup>. Hiatus hernia is a common problem and measuring the pH in the oesophagus is helpful<sup>9</sup>.

Examination usually reveal no abnormality, the condition may be due to spasm of pharyngeal constrictor muscles, but some patients on examination reveals reflux oesophagities<sup>12</sup>. Every

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one should have a Ba-swallow and oesophagoscopy if symptom persists. Study by oesophageal manometry may be performed<sup>2</sup>. The diagnosis should never be made if the patient has difficulty in swallowing solid food, such a patient has Cancer until proved otherwise<sup>5</sup>.

Some cases are easy and safe to diagnose as globus if there is an obvious emotional precipitating cause. The difficult cases are those in which there is no obvious psychological cause<sup>7</sup>, great care must be taken not to miss an early carcinoma, in the latter group oesophagoscopy must be done in spite of a negative barium study<sup>8</sup>. This is a diagnosis by exclusion<sup>9</sup>.

Acid reflux or cricopharyngeal spasm does not appear to have significant relationship thus casting doubt, that "globus syndrome" due to reflux oesophagitis. It now appears that the old name of globus hystericus while semantically wrong was never, was nearer the truth<sup>9</sup>.

Globus syndrome versus hypopharyngeal tumour : Diagnosis of early cases presents difficulty, the patient complains of feeling of some thing in throat round the level of cricoid<sup>12</sup>. Globus hystericus a differential diagnosis of pattersen - brown kelly syndrome, it can produce sore throat, similar local symptoms. Middle aged menopausal ladies may have hiatus hernia or they may have globus hystericus a condition in which they focus their problem - usually emotional ones on to their throats<sup>2</sup>.

Now it is realized that there are many causes for this, other than psycho-somatic one, although this remain the commonest cause, the other causes whose are differential diagnosis are hiatus hernia with reflux, cervical osteo phytois, pattersen brown kelly syndrome, thyroid swelling/nodule, pharyngeal pouch, post cricoid Carcinoma, early carcinoma or pharyngeal, cricopharyngeal spasm<sup>5,7,11</sup>.

The diagnosis is based on history, examination, blood film, Ba-swallow and meal<sup>4</sup>. If the lower part

of the oesophagus is irritated because of reflux than the cricopharyngeous goes into spasm<sup>12</sup>.

### Management :

Globus is diagnosed much less now than formerly, because it has been realised that oesophagitis and reflex spasm of cricopharyngeous can mimic the symptoms<sup>6</sup>. In this cases antacids will help the globus symptoms. In the true globus cases reassurance that no organic disease or cancer present helps the patient to accommodate to the symptoms, which will usually be self limiting. Management is by reassurance, anxiolytics, psychotherapy and treatment of underlying cause viz psychogenic or organic<sup>1,4,7,11,12</sup>.

### Conclusion :

Globus is not uncommon in clinical practice in our country, it should be kept in mind in evaluating the patients of dysphagia.

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