LUMP IN THE THROAT SENSATION – A CLINICO-AETIOLOGICAL STUDY IN 100 PATIENTS

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ABSTRACT

Background: Present study is a prospective study to evaluate clinical and etiological features associated with the sensation of lump in the throat, in patients who attended OPD of ENT dept: of Govt: Medical College, Thrissur, Kerala, during August 2012 to August 2013. Various etiologies were found after doing investigations like Diagnostic Nasal Endoscopy, Flexible Video laryngoscopy, X-ray PNS, X-ray soft tissue neck, Gastroenterology and Psychiatry evaluation etc. Patients were treated essentially with proton pump inhibitors (PPI) and antidepressants / anxiolytics along with other measures. All patients were followed up to 6 months.

Objective: To find out clinical features and causes of lump in throat sensation.

Materials And Methods: Hundred patients who attended OPD with complaints of lump in the throat sensation were selected for study. All were subjected to detailed history taking, clinical examination and investigations like Diagnostic Nasal Endoscopy, Video laryngoscopy, X-PNS, Barium swallow, X-Ray soft tissue neck – lateral view, Thyroid function tests. Gastroenterology and Psychiatric evaluation was also done. Patient selection criteria is as follows. Inclusion criteria: 1. Age between 20 and 60 years of either sex, 2. No previous treatment for the same complaints. Exclusion criteria: 2. Patients with malignancies of oropharynx, oral cavity, esophagus and stomach.

Results: Maximum incidence of lump in the throat sensation, in this study, was found in the age group of 31 - 40 years, followed by an age group of 41 - 50 years.

Key words: Acid reflux, Chronic granular pharyngitis, Globus hystericus, Globus pharyngeus, Sinusitis.

INTRODUCTION

Patients attending ENT clinic with complaints of lump in the throat sensation account for about 4%. The classical lump in the throat sensation is described as a median or paramedian sensation of an unidentified object or lump in the pharynx mainly at or around the cricopharyngeal level. True dysphagia and weight loss are conspicuously absent. It was Hippocrates who described globus sensation for first time. [Latin word Globus means lump]. But accurate description of globus was given by John Purcell in 1707. The term “Globus Pharyngeus” was proposed by Malcomson in 1968 as it was assumed to be of psychic origin. It was Pratt 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. Many 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.

Now there is a general consensus that these patients are presenting with treatable conditions and the expression globus hystericus should be discarded in favour of globus pharyngeus, a symptom rather than diagnosis. There is always a female predominance seen in many studies. Patients observe, “If I swallow something, I feel nothing, but if I swallow nothing, I feel something.

**OBJECTIVE**

To find out clinical features and causes of lump in throat sensation.

**MATERIALS AND METHODS**

Hundred patients who attended OPD with complaints of lump in the throat sensation were selected for study. All were subjected to detailed history taking, clinical examination and investigations like Diagnostic Nasal Endoscopy, Video laryngoscopy, X-PNS, Barium swallow, X-Ray soft tissue neck – lateral view, Thyroid function tests. Gastro enterology and Psychiatric evaluation was also done. Patient selection criteria is as follows. Inclusion criteria.\(^1\) Age between 20 and 60 years of either sex.\(^2\) No previous treatment for the same complaints. Exclusion criteria.\(^1\) Patients with malignancies of oropharynx, oral cavity, esophagus and stomach.\(^3\) Patients with symptoms of less than 2 weeks duration. Patients with definite etiology were treated as per the cause. Patients without any specific association or causes were treated with PPI, antidepressants plus anxiolytics and saline gargles. All patients were followed up for 6 months.

**RESULTS AND OBSERVATIONS**

Out of hundred patients studied, 64% patients were females and 36% were males constituting a female to male ratio of 1.7:1. This indicates a female predominance in the study. In 93% of patients, the site of sensation was above the level of cricoid and in 7% it was below the cricoid level. None of the patients had any dysphagia. The onset of symptoms was gradual in 68% and precipitating events were recollected only by 12%. Fear of cancer was a major factor and was present in more than half of the patients. Majority of patients fall in the age group of 31-40 years (40%), followed by 41-50 years (28%) of the total patients. In both groups, female predominance has been observed. Out of these 43% patients, 65.1% patients were females and 34.8% were males. Emotional instability was shown by 31% patients, of which 1/4 patients were males and 3/4 were females. All those patients with GERD and emotional instability had undergone gastro as well as psychiatric evaluation.

**Table I**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 - 30</td>
<td>8</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>31 - 40</td>
<td>12</td>
<td>28</td>
<td>40</td>
</tr>
<tr>
<td>41 - 50</td>
<td>8</td>
<td>20</td>
<td>28</td>
</tr>
<tr>
<td>51 - 60</td>
<td>8</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36</td>
<td>64</td>
<td>100</td>
</tr>
</tbody>
</table>

Most common association found was GERD, then emotional instability followed by chronic granular pharyngitis. 43% patients showed symptoms related to GERD like acid regurgitation, retrosternal pain, abdominal distension and belching.

Third common association was chronic granular pharyngitis, consisting of 17% of the study population, 52.9% being males and 47% 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.
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 6 months revealed 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 tendency to recur. Due to uncertain etiology, it remains difficult to establish standard investigations and treatment strategies. Condition is classically considered to occur most frequently in middle aged people [Scott Brown 1971] but later studies proved that both younger and older age groups are also affected. In this study, age of patients varied from 20 to 60 years. The maximum incidence was found in the age group of 31 - 40 years. From the days of Hippocrates, lump in throat sensation was considered to be a disease of menopausal woman. Now it has been established beyond doubt that both sexes are affected, but there is always a female predominance. This study is also showing a female predominance of 1.7:1. The duration of symptoms of patients attended in this study varied from 2 weeks to 5 months and average duration of history was found to be 3 months. This is in difference with that of study by AJG Batch whose average duration of symptoms was 20 months. Osteophytes in the region of C5, C6, C7 cause lump, pain on swallowing. Malcomson 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, 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.

CONCLUSION

Maximum incidence of lump in the throat sensation, in this study, was found in the age group of 31 - 40 years, followed by an age group of 41 - 50 years. Lump in throat sensation expressed by these patients is real and needs a thorough evaluation of upper aero digestive tract. GERD was found to be most common cause followed by emotional instability and chronic granular pharyngitis. Others being sinusitis, cervical osteophytes, hypothyroidism, lingual tonsil, hypopharyngeal malignancy etc. Globus sensation can masquerade an early malignant lesion. Hence investigations like video laryngoscopy, direct laryngoscopy, barium swallow, OGD 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 regime can be taken as an initial line of treatment till detailed evaluation and investigation results are obtained.

DISCLOSURES
(a) Competing interests/Interests of Conflict- None
(b) Sponsorships - None ,
(c) Funding - None
(d) No financial disclosures.

REFERENCES