

► System Message

Patient Context included

User Context included

Glubus sensation
Work up and Treatment options

Direct Answer:

Globus sensation — the persistent feeling of a lump or foreign body in the throat without an actual obstructive lesion — is most often benign but can be associated with reflux, muscle tension dysphonia, postnasal drip, or anxiety. Work-up focuses on ruling out structural lesions and identifying contributing factors. Treatment is tailored to the underlying cause.

Clinical Context

Globus sensation is a symptom, not a diagnosis. It is frequently linked to **laryngopharyngeal reflux (LPR), vocal cord dysfunction, allergic rhinitis/postnasal drip, or psychological stress**.

ENT evaluation is important to exclude malignancy or structural pathology, especially if red flag symptoms are present (progressive dysphagia, odynophagia, weight loss, hemoptysis, neck mass).

Work-up

Step	Purpose	Notes
History & Physical	Identify onset, triggers, associated symptoms	Ask about reflux symptoms, dysphagia, odynophagia, hoarseness, allergy symptoms
ENT examination	Rule out structural lesions	Flexible nasolaryngoscopy to inspect pharynx and larynx
Red flag screening	Identify need for urgent work-up	Dysphagia, hemoptysis, unexplained weight loss, neck mass
Reflux evaluation	Assess for LPR/GERD	Empiric trial of PPI or pH monitoring if unclear
Allergy evaluation	Identify postnasal drip or allergic rhinitis	Nasal endoscopy or allergy testing if indicated
Thyroid exam/ultrasound	Rule out thyroid enlargement	Especially if palpable neck fullness
Psychological assessment	Screen for anxiety/stress	May contribute to muscle tension dysphonia
Speech therapy referral	Assess and treat muscle tension dysphonia	Especially in voice-dependent occupations

Treatment Options

1. Empiric Management for LPR/GERD

- **Proton pump inhibitor (PPI)**: e.g., omeprazole 20–40 mg daily before breakfast for 8–12 weeks
- **Lifestyle modifications**:
 - Avoid late meals
 - Elevate head of bed
 - Reduce acidic/spicy foods, caffeine, alcohol
 - Smaller, more frequent meals

2. Allergy/Postnasal Drip Management

- Intranasal corticosteroids (e.g., fluticasone)
- Oral antihistamines (e.g., loratadine)
- Saline nasal irrigation

3. Speech Therapy

- For muscle tension dysphonia or vocal cord dysfunction
- Techniques to reduce laryngeal tension and improve voice use

4. Psychological Support

- Stress management, cognitive behavioral therapy if anxiety is a factor

5. Monitoring & Follow-up

- Reassess after 8–12 weeks of empiric therapy
- If symptoms persist, consider esophagogastroduodenoscopy (EGD) or pH impedance testing

Warnings/Considerations

- Always rule out malignancy in patients with persistent or progressive symptoms
- Red flag symptoms warrant urgent ENT referral
- Long-term PPI use should be monitored for potential adverse effects (e.g., nutrient malabsorption, renal effects)

Actionable Steps for This Patient (Olga Tenyakova)

- Continue **omeprazole** trial before breakfast for suspected reflux-induced symptoms
- Maintain **fluticasone** and **loratadine** for allergic rhinitis
- Proceed with **speech therapy referral** for vocal cord dysfunction
- Implement lifestyle changes for reflux control
- Follow up in 8–12 weeks to reassess symptoms and determine if further GI or ENT work-up is needed

Resources

References:

- UpToDate: **Globus sensation**
- UpToDate: **Laryngopharyngeal reflux**