

► System Message

Patient Context included
User Context included

Direct Answer:

Globus sensation — the persistent feeling of a lump or foreign body in the throat — is most often benign but can be associated with reflux, muscle tension dysphagia, or psychological stress. Work-up focuses on ruling out structural lesions and identifying contributing factors to the underlying cause.

Clinical Context

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

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

Work-up

Step	Purpose	Notes
History & Physical	Identify onset, triggers, associated symptoms	Ask about reflux, heartburn, odynophagia, hoarseness, difficulty swallowing, weight loss, hemoptysis, neck masses
ENT examination	Rule out structural lesions	Flexible nasolaryngoscopy, larynx, hypopharynx
Red flag screening	Identify need for urgent work-up	Dysphagia, hemoptysis, neck mass
Reflux evaluation	Assess for LPR/GERD	Empiric trial of PPIs

Treatment Options

1. Empiric Management for LPR/GERD

- **Proton pump inhibitor (PPI)**: e.g., omeprazole 20–40 mg daily before breakfast
- **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 im

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., n

Actionable Steps for This Patient (REDACTED)

- 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