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LETTER TO THE EDITOR

Authors' response to Commentary on "Role of barium swallow pharyngoesophagography in the management of globus pharyngeus"

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Dear Editor,

We are grateful for the interest to our article "Globus pharyngeus: a review of etiology, diagnostics, and treatment" and thank for the opportunity to respond to the commentary about our work [1]. In that commentary, the author considers that barium swallow pharyngoesophagography is useful in globus diagnostics to detect possible benign findings such as cervical osteophytes, hiatal hernia, cricopharyngeal muscle spasm, achalasia, oesophageal web, and Zenker's diverticulum. Moreover, the author concludes that overall normal findings in that examination have a positive effect on convincing and calming the patient, even if barium swallow does not increase the diagnostic value in globus diagnostics.

Although benign findings in barium swallow may be seen in globus patients, the causal relationship of these findings is questionable and hard to analyze in retrospective settings that the author mentioned [2, 3]. Globus pharyngeus is a general symptom; it is usually intermittent, eating or drinking often helps and it has a great probability of resolving spontaneously, although the symptom recurs in some patients [4]. However, the before-mentioned findings in barium swallow are chronic conditions, such as osteophytes or Zenker's diverticulum, which may induce dysphagia symptoms rather than typical globus.

Based on many studies, a typical globus pharyngeus without any alarming signs, such as progressive dysphagia, or findings in ear, nose, and throat examination, is not a sign of a malignancy [4, 5]. To perform further investigations just to ensure the patient about the globus symptom's benign nature is not, however, justified. Not only barium swallow exposes a patient to radiation load but also if there is any suspicion that a malignancy should be ruled out, patient should undergo endoscopy as barium swallow fails to detect majority of malignancies [6]. On the contrary, exposing a patient to further examinations may also induce a feeling that the clinician is not sure if the symptom is harmless and may increase the patient's concern, as well. Our experience is that a globus patient will be satisfied if the clinician explains the symptom's benign nature and reassures that any further investigations are not needed. If a globus patient experiences long-lasting and difficult symptoms, further examinations may be required. However, these examinations should be transnasal oesophagoscopy or oesophagogastroscopy, 24-h multichannel intraluminal impedance with pH monitoring and high-resolution manometry, not barium swallow [7].

Compliance with ethical standards

Conflict of interest All authors have no conflict of interest.

References

1. Järvenpää P, Arkkila P, Aaltonen LM (2018) Globus pharyngeus: a review of etiology, diagnostics, and treatment. Eur Arch Otorhinolaryngol 275:1945–1953
2. Caylakli F, Yavuz H, Erkan AN, Ozer C, Ozluoglu LN (2006) Evaluation of patients with globus pharyngeus with barium swallow pharyngoesophagography. Laryngoscope 116:37–39
3. Mahrous AK, Kaoutzanis C, Amin K, Gluckman P (2012) Positive findings on barium swallow in patients presenting with a

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"sensation of a lump in the throat". Eur Arch Otorhinolaryngol 269:1047–1050
4. Järvenpää P, Ilmarinen T, Geneid A, Pietarinen P, Kinnari TJ, Rihkanen H, Ruohoalho J, Markkanen-Leppanen M, Back L, Arkkila P, Aaltonen LM (2017) Work-up of globus: assessing the benefits of neck ultrasound and videofluorography. Eur Arch Otorhinolaryngol 274:931–937
5. Rowley H, O'Dwyer TP, Jones AS, Timon CI (1995) The natural history of globus pharyngeus. Laryngoscope 105:1118–1121
6. Harar RP, Kumar S, Saeed MA, Gatland DJ (2004) Management of globus pharyngeus: review of 699 cases. J Laryngol Otol 118:522–527
7. Nevalainen P, Walamies M, Kruuna O, Arkkila P, Aaltonen LM (2016) Supragastric belch may be related to globus symptom—a prospective clinical study. Neurogastroenterol Motil 28:680–686