Emotional Disorders of the Esophagus

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With 6 Figures

1. Globus Hystericus

1.1. Definition and Generalities

Certain subjects, in general with a psychopathological background, complain about a permanent "lump" or "foreign body" in their throat. This sensation is called globus hystericus when, as is usually the case, no local lesion or motor disorder of the pharyngoesophageal region can be detected. The name indicates that the symptom is considered as a manifestation of a neurotic trouble. It has been known for a long time and was already mentioned in the Hippocratic treatises.

1.2. Clinical Findings

The symptom is found in adolescents and adults of all ages, but occurs mostly in subjects in their fifties, especially in menopausal women. The subjects always have emotional disorders (such as fear of cancer, domestical problems, etc.) and are sometimes real psychopaths. The globus sensation is described by the patient in a stereotype way and with a lot of details: his throat feels tight; in it a lump moves up and down, which may get blocked, and sometimes may give a choking impression. The patients always localize their sensations at the same level: deep in the throat at the lower part of the neck, behind the upper portion of the sternum. The sensation is generally more a discomfort than a real pain. Subjects say they experience it either intermittently, especially during periods of nervous tension, or almost permanently.

A constant factor, of considerable diagnostic value, is that the sensation disappears upon swallowing either solid food or liquids. In general patients are not aware of this fact, and are surprised to discover it. These patients often end up concentrating their attention on their "symptom" with such an intensity that it becomes a real obsession. They analyse it continuously to find the most bizarre interpretations, and keep on performing buccopharyngeal movements only to make things worse and worse.

1.3. Diagnosis

The way a subject describes his symptom may often be so typical as to suggest the diagnosis of globus hystericus. Endoscopic, radiologic and manometric examinations of the oropharynx are necessary to rule out the presence of organic lesions and motor disturbances, particularly in the pharynx and pharyngoesophageal sphincter.

Lesions that may cause sensations similar to those of a globus hystericus include chronic pharyngitis secondary to smoking, a small Zenker’s diverticulum,
cervical arthrosis and motor disturbances of the pharyngoesophageal region secondary to neurologic lesions or myopathies.

1.4. Interpretation

Usually globus hystericus is considered a neurotic disorder of a purely psychogenic nature. According to Malcomson (1966), the rich innervation of the oropharynx could explain why in anxious or moderately psychopathic persons any sensation at this level gives rise to the feeling of a lump. Jones (1938), quoted by Malcomson (1966), showed that the inflation of a small balloon at the level of the oropharynx always results in the sensation of a lump. Schatzki (1964), on the other hand, believes that a physiological mechanism rather than a psychological one is responsible for the symptom, and therefore proposes to drop the name “globus hystericus”, replacing it by “globus sensation”.

Repeated swallowing of saliva and, when no more saliva is available, repeated dry swallows would result in a globus sensation. However, the neurotic personality seems to be the primary cause, as anxiety or emotion creates in these objects a compelling need to swallow. Whatever the interpretation, globus hystericus always appears to be connected with a neurotic personality.

1.5. Treatment

Psychotherapeutic treatment should try to convince the subject that there is no organic lesion whatsoever. Tranquilizers and neuroleptics will be used to treat the neurotic part of the disorder. Seldom, however, will one be able to relieve the patient completely of his symptom.

2. Esophageal Belching

2.1. Definition

The noisy aspiration of air into the esophagus and its subsequent noisy rejection is called esophageal eructation. Thus the etymological sense of this term, which only implies a rejection of air, has been widened. In esophageal eructation or esophageal belching the air does not penetrate beyond the cardia and is aspirated voluntarily, although almost subconsciously, once this maneuver has become a habit. Both events often occur in series. Belching, on the other hand, consists of the rejection of swallowed air from the stomach.

2.2. Etiology

Esophageal eructation is usually observed in emotionally unstable and anxious subjects, who induce it to get relief from a sensation of epigastric fullness. The disorder is accentuated during periods of nervous tension. Hysterical persons use this phenomenon to catch the attention of their surroundings. Adolescents, particularly students living in community, may perform it as a play to amuse their friends.

2.3. Clinical Findings

Patients are usually convinced that their eructations are an involuntary phenomenon caused by some underlying disease. The voluntary nature of the disorder appears from the fact that it can be induced and stopped on command.