Pulsatile oropharyngeal mass in a patient with globus.

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Background

ENT surgeons encounter many patients who present with globus sensation. We present a case report of a patient with globus sensation with an unusual finding and review of the literature.

Case Presentation

A 78 year old lady presented with globus sensation of a month duration. The sensation was not associated with eating. She had no reflux symptoms, dysphagia or difficulty in breathing. Systemic review was unremarkable. Her past medical history included that of hypertension, hyperlipidemia and diabetes mellitus.

On examination, the neck unremarkable- there were no palpable neck masses or cervical lymphadenopathy. Nasendoscopy showed a pulsatile bulge in the left posterior pharyngeal wall abutting the left arytenoid and partially effacing the left piriform fossa (Fig 1A,B).

She underwent a CT scan of the neck and larynx scan which showed that the left common carotid artery was in close proximity to the left posterior pharyngeal wall causing mild effacement of the left pyriform fossa. No discrete mass was noted on the scan. The endoscopically noted pulsatile mass is probably due to pulsation transmitted from the left common carotid artery.

Fig 2 – CT scan (axial) showing the close proximity of the left common carotid artery with the left posterior pharyngeal wall (green arrow)

Fig 1A,B – scope pictures showing the pulsatile mass (blue arrows)

The case was discussed at our radiology rounds and the decision was that no further intervention was required. The patient is currently under routine follow-up in our outpatients service. She has not had any issues thus far

Discussion

A literature review performed does confirm several cases of pulsatile masses related to aberrations of the carotid tree including aneurysms^{1,2}; but no report of globus as a sole symptom was found. While aberrations of the carotid artery are well reported and the myriad of ICA aberrations – up to 69% in some studies using MRI - globus as the sole symptom is as yet undescribed.

Common carotid artery aberrations are even rarer. Symptoms classically associated with these pulsatile masses include dysphagia, lumpy throat and hoarseness. Finally, TIAs can also be a presenting feature.

Conclusion

ENT surgeons should be aware that globus can manifest in a myriad of ways on clinical examination and a broad index of suspicion is advised.

References

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