

SOMETHING IS STUCK IN MY THROAT

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Imagine that you and a friend are sitting in a restaurant eating and drinking when all of a sudden your companion puts her hand to her neck and says, “something is stuck in my throat”.

A “simple” though scary complaint of food sticking in the throat can have numerous causes and at times the food may not actually be in the throat at all. The most common cause is pharyngeal residue and is usually accurately described as food remaining in the throat immediately after swallowing. Pharyngeal residue often results from weak muscles whereby the tongue and pharynx are unable to contract sufficiently and with enough force to propel food through the pharynx and into the esophagus. The problem may be compounded if the pharyngeal cavity is not sealed completely during this process, i.e., incomplete closure of the nasal cavity or larynx. This reduces the pressure that is generated against the food even further.

Pharyngeal residue may also be caused by insufficient opening of the muscle at the top of the esophagus, prohibiting the passage of the bolus into the esophagus. This can also result in food remaining in the pharynx after the swallow. A noncompliant cricopharyngeus muscle (one of the muscles at the top of the esophagus) can also lead to a Zenker’s diverticulum, which is a mucosal outpouching in the region just above the esophagus – a pocket into which food can remain.

Individuals typically complain of food or liquid sticking in the throat with regurgitation of undigested material as long as 24 hours after eating. Other symptoms that may accompany a Zenker’s diverticulum include halitosis, coughing and pneumonia from material entering the larynx and airway, and weight loss.

At times, problems within the esophagus may present as symptoms of food sticking in the throat. Esophageal disorders may be caused by disordered movement of the food or by a structural obstruction preventing the passage of the food.

In the normal swallow, the upper esophageal sphincter opens allowing the food to enter the esophagus. This is followed by an esophageal peristaltic contraction wave, which propels the food down the esophagus to the lower esophageal sphincter. The lower esophageal sphincter opens to allow the food to enter the stomach and then closes to prevent material from the stomach from entering the esophagus. When the esophagus does not contract or the upper and lower

portions of the esophagus contract simultaneously or the lower esophageal sphincter does not relax and open, food material can remain within the esophagus or backflow into the pharynx giving the sensation of food remaining in the throat.

Structural disorders can be caused by tumors, strictures, rings or webs, or extrinsic compression – any of which can prevent complete passage of food into the stomach, and may contribute to food remaining in the esophagus with the potential for backflow within the esophagus and/or into the pharynx.

One of the most common esophageal disorders is gastroesophageal reflux, which occurs when the lower esophageal sphincter fails to keep food and stomach acid in the stomach allowing it to be regurgitated into the esophagus, sometimes even as high as the pharynx. Some clinicians have attributed the pharyngeal symptom of food sticking in the throat to an increase in the resting pressure of the upper esophageal sphincter in response to reflux, while others have used this theory as an explanation of globus.

Globus is a foreign body sensation in the throat or “lump in the throat” sensation, which is sometimes erroneously ascribed to individuals with the complaint of food sticking in the throat. The globus sensation is typically not associated with eating and is usually relieved by swallowing. The etiology of this sensation is unclear.

The “simple” complaint, feeling something stuck in the throat, may not be so simple when the complex mechanism of swallowing is considered. The etiology of “something is stuck in my throat” must be defined before the appropriate management plan can be prescribed.