Table des matières

Globus pharyngeus

Globus pharyngé

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Iurina 2026

Iurina E, Kosonogov V. Therapeutic approaches for functional Globus Pharyngeus: A systematic review of studies from 2000 to 2025. Gen Hosp Psychiatry. 2026;102:1-13. https://doi.org/10.1016/j.genhosppsych.2026.06.014

Objective	To systematically review therapeutic interventions for functional globus pharyngeus in adults.
Methods	Following PRISMA 2020 (PROSPERO CRD420251185872), PubMed/MEDLINE, Google Scholar, and ClinicalTrials.gov were searched for interventional studies (2000-2025; last search March 2026). Eligible studies enrolled adults with functional globus by Rome III/IV criteria or exclusion of structural pathology. Two reviewers independently screened and extracted data; disagreements were resolved by discussion. Risk of bias was assessed with RoB 2 and ROBINS-I.
Results	Fifteen studies (eight RCTs, seven nonrandomized; N = 784) were included: five pharmacological, four behavioural/psychological, two peripheral neuromodulation, two traditional Chinese medicine, one observational reassurance, and one surgical series. SSRIs and low-dose tricyclic antidepressants outperformed acid-suppressive comparators in controlled trials. Psychological interventions produced comparable benefit with fewer adverse effects. **Transcutaneous electroacupuncture** and **auricular vagus nerve stimulation** showed short-term improvement in two small studies. Reassurance and clinical attention yielded symptom reduction comparable to active interventions. Partial epiglottectomy in refractory patients with epiglottic-tongue base contact was associated with symptom resolution in small uncontrolled series, raising questions about the boundaries between functional and anatomically driven globus.
Conclusions	The most consistent - though preliminary - evidence supports centrally acting medications and structured psychological interventions; peripheral neuromodulation is promising but requires replication. The possibility that an anatomical variant contributes to symptoms in a refractory subgroup warrants prospective evaluation. The evidence supports a biopsychosocial framework and underscores the need for larger trials with standardised criteria, validated outcomes, attention-matched controls, and long-term follow-up.

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