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## Images in Medicine: Sometimes it isn't Globus Hystericus

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Figure 1: Ant segment in soft palate

**Case:** A 29 year old male presented to the emergency department with the chief complaint of sensing that an ant was stuck in his throat. Several hours earlier he had drunk water from a bottle, and immediately after noted an ant crawling on the table on which the water bottle rested. The patient reported no dysphagia, odynphagia or dyspnea.

The patient was assessed by an appropriately skeptical emergency physician. The patient had normal vital signs and was in no respiratory distress. His chest was clear. Examination of the

mouth revealed a body segment of an ant (trunk and two legs) embedded in the soft palate. After a failed attempt at removal using a swab, the foreign body was grasped and removed with a forceps under direct vision.

**Discussion:** Globus hystericus is the sensation of a foreign body or lump in the throat when nothing is there. A foreign body sensation typically results from abraded oral and esophageal mucosa from a foreign body (i.e fishbone) that has been swallowed and passed

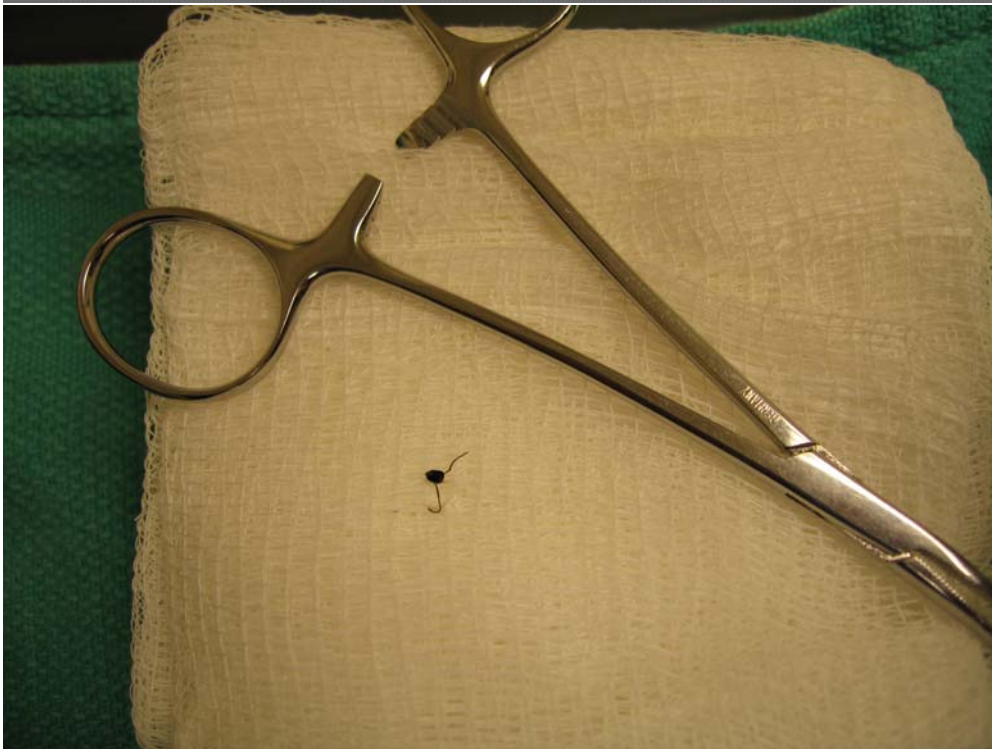


Figure 2: Ant segment removed from oropharynx.

into the stomach. Myriad case reports and review articles describe the presence and removal of foreign bodies ranging from food particles swallowed innocently, to undigestible objects (such as pins) swallowed either accidentally or for reasons relating to psychopathology.

A semi-structured literature review of swallowed insects reveals case reports of oral ants dating back to 1953. (1) Live foreign bodies have been reported in the ear (2), palatine tonsil (3), and larynx (4).

**Conclusion:** An ant in the oropharynx is unlikely to have serious consequences. A physician with a closed mind is sure to experience adverse outcomes. This case serves as a reminder that there is little substitute to approaching every patient with a broad mind and an appropriate examination.

#### References

- 1) Lacina, J. Ant in the hypopharynx. *Cesk Otolaryngol.* 1953. Sep; 2(3): 174-6.

- 2) Yuca K, Yuca SA, Caksen H. Aural live foreign bodies in Children. *J Emerg Med.* 2003. Jul;25(1): 102-4
- 3) Skriabin VA. A live Foreign Body in the palatine tonsil. *Vestn Otorinolaringol.* 1989 Mar-Apr;(2):86
- 4) Pandey CK, Sharma R, Baronia A, Agarwal A, Singh N. An unusual case of respiratory distress: live leech in the larynx. *Anesth Analg.* 2000. May; 90(5): 1227-8

This article has been peer reviewed

**Competing Interests:** None Declared

**Funding:** None Declared.

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