

## Content from /en/blog/dgbi-oesofagus/

### When the swallow stalls: understanding oesophageal DGBIs



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#### Abstract

Have you ever felt a piece of food was stuck in your throat, even though endoscopy was completely clear? Or do you struggle with severe, crushing chest pain that your cardiologist swears is not your heart? Welcome to the world of **oesophageal Disorders of Gut-Brain Interaction (DGBIs)** - a category defined by the updated **Rome V criteria**, where symptoms arise from disturbed brain-oesophagus signalling rather than structural disease [1, 2].

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#### The brain-oesophagus disconnect

For a long time, persistent throat and chest symptoms were dismissed if standard imaging did not show inflammation, acid damage or blockage. The Rome V framework reminds us that the oesophagus is heavily innervated by the nervous system [1]. When signalling between the brain and the nerves in the food pipe is "hyper-tuned", normal sensations are amplified or perceived as painful [2].

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### Key disorders in this category

- **Functional heartburn:** Burning chest pain that mimics reflux but does not respond to acid-blocking medication (PPIs); testing shows no actual acid-related damage [2].
  - **Reflux hypersensitivity:** Normal, everyday amounts of stomach acid reach the oesophagus. While it would not bother most people, a hypersensitive gut-brain axis perceives it as a severe burn [2].
  - **Globus:** The frustrating, continuous feeling of a lump or "ball" in the throat, often briefly relieved by eating [1, 2].
  - **Functional chest pain:** Unexplained, often severe chest pain not caused by cardiac disease, reflux or oesophageal motility spasms [2].
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### Work-up

Diagnosis is positive - based on the symptom pattern as defined by Rome V - but requires that structural and acid-related disease has been excluded [1]. This typically involves an [oral gastroscopy](#), sometimes supplemented with manometry [2]. See also [swallowing difficulties](#) and [GERD / acid reflux](#).

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### Takeaway and treatment

If acid reducers are not touching your chest or throat symptoms, the root cause may not be chemical or structural - it may be a hypersensitive neural pathway [2]. Treatments such as low-dose neuromodulators (for example low-dose tricyclic antidepressants) or gut-directed behavioural therapy can effectively "turn down the volume" on the signals [1, 2].

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## Work-up at Kirurgen.dk

We assess oesophageal and gastric symptoms with [oral gastroscopy](#), [nasal gastroscopy](#) and [Barrett's oesophagus screening](#). See the rest of the DGBI series: [Gastroduodenal DGBIs](#), [Bowel DGBIs](#), [Centrally mediated abdominal pain](#).

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## References

1. **Rome Foundation. Rome V Diagnostic Criteria for Disorders of Gut-Brain Interaction.**  
Drossman DA, Tack J, Chang L et al. (eds.), 2026 update. International consensus document on classification, diagnosis and treatment of DGBIs.
2. **Aziz Q, Fass R, Gyawali CP et al. *Oesophageal Disorders*.** Rome IV/V chapter on functional heartburn, reflux hypersensitivity, globus and functional chest pain. Gastroenterology - consensus article.