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SCIENTIFIC LETTERS

Suspected malignant degeneration in a Zenker's diverticulum: should we biopsy it?

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Dear Editor,

We report the case of an eighty-nine-year-old woman presenting progressive weight loss, oropharyngeal dysphagia and food regurgitation.

Upper endoscopy revealed the presence of a Zenker's diverticulum (ZD). At the bottom of the diverticulum, there was an 8 mm indurated flat lesion (Paris 0-IIb) with an irregular vascular and crypt pattern, suggestive of superficial carcinoma (Figure 1). It was not biopsied due to its location and the potential risk of perforation in a high risk surgical candidate. The study was completed with a CT scan that showed no alterations.

We performed an endoscopic diverticulotomy (1) with a *Stag Beetle junior* (2) (Sumius, Tokyo, Japan), assisted with a diverticuloscope (Cook Medical, Indiana, USA). A double incision and myomectomy of the septum with a standard 10 mm polypectomy snare (SnareMaster, Olympus, Tokyo, Japan), was carried out. Three hemoclips (MTW Endoskopie, Wesel, Germany) were deployed at the end of the procedure, without adverse events. After the procedure, there was a significant clinical improvement with remission of the dysphagia.

ZD is a saccular formation on the back wall of the pharyngeal-esophageal junction. The predominant symptom is oropharyngeal dysphagia, and it may associate aspiration pneumonia, ulceration or bleeding. Malignant degeneration is very rare (0.3-1.5%) (3). Risk factors are advanced age, male gender, and large and long-standing diverticula (4). Most cases of malignant degeneration come from surgical diverticulectomies with histological analysis of the surgical specimen (5). In our case, the diagnosis was based on the endoscopic image. Currently, there are no recommendations for the treatment of suspicious lesions on ZD. Since this is a patient with a high surgical risk, we opted for a conservative approach, but otherwise we could ask ourselves: Is there a risk of perforation when taking biopsies in the DZ bottom? Could we decide on a minimally invasive endoscopic treatment? Or should we consider surgical diverticulectomy, assuming the high morbimortality of this approach?

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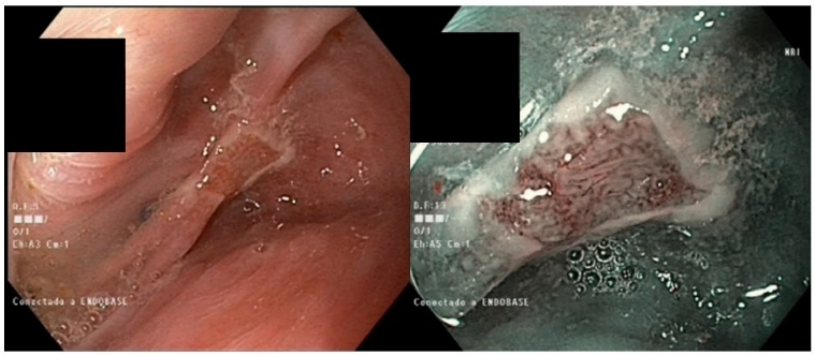

Figure 1. *Lesion in ZD suggestive of superficial carcinoma, white light and NBI vision.*