

Title:

Large symptomatic esophageal diverticulum

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Dear Editor,

A 72-year-old female was referred from Primary Care to the Gastroenterology clinic because of heartburn and occasional dysphagia for the last eight years, with some isolated food regurgitation events and no other warning sign. The patient is currently asymptomatic on omeprazole. Gastroscopy revealed a dilated esophagus and food remnants, with the inability to reach the gastric lumen, which led to the suspicion of achalasia. The study was completed with pH-metry, which found no pathological reflux, esophageal manometry that did not find esophageal motor abnormalities and barium swallow, which revealed a large diverticulum on the posterior wall of the lower third of the esophagus (Fig. 1A and B), with food remnants but no other changes or evidence of achalasia. Given these findings, a repeat gastroscopy was carried out that revealed a large diverticulum in the distal third of the esophagus that occluded 50 % of the esophageal lumen, with a length of 4-5 cm and abundant semi-liquid food remnants. Upon aspiration of the latter, a whitish mucosa with erythematous areas (Fig. 1C) was revealed, as well as a 1.5-cm sliding hiatal hernia. No changes were found when advancing to the second duodenal portion. In view of the above findings and

symptoms, the patient was referred to the Surgery Department to be evaluated for diverticulectomy.

Discussion

The present case report is of interest because it involves an uncommon condition, with a prevalence of 0.06-4 %, which may have a congenital or usually acquired origin. Age at diagnosis is most commonly 60-70 years (2). Furthermore, location may be proximal (Zenker's diverticulum) or distal (epiphrenic diverticulum) (2). Distal diverticula, as in the present case, usually result from a pulsion mechanism (2) from increased intraluminal pressure, while dysmotility may cause a weak spot and hence an evagination of the esophageal wall. In addition, this presentation is often asymptomatic (in up to 75 % of cases), with little impact on patient quality of life, and is usually associated with motor disorders of the esophagus (2). However, these diverticula may become complicated with gastric content aspiration pneumonia, ulceration and bleeding (uncommon) (2), and bronchoesophageal fistulae (very rare), among other conditions (1). Nevertheless, this case did not show any of the usual clinical features, which is remarkable. In view of the clinical manifestations and the diagnosis facilitated by the barium swallow and gastroscopy, surgical management was decided upon as it is the treatment of choice for symptomatic patients (3).

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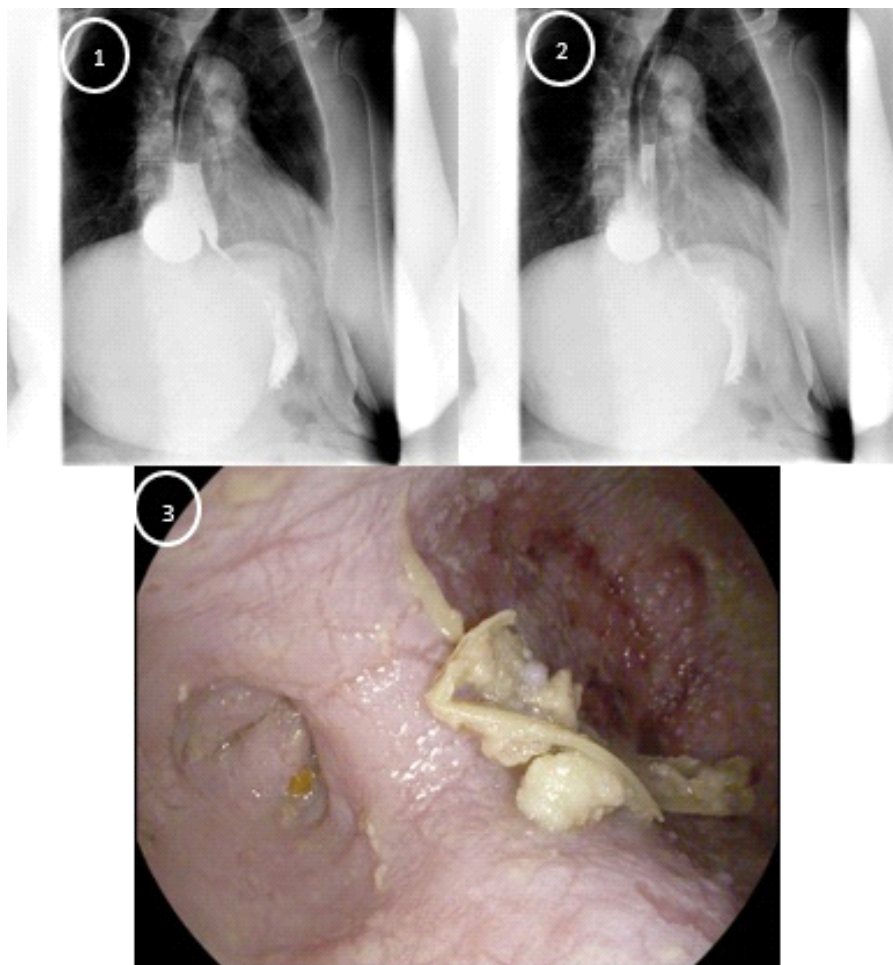


Fig. 1. A and B. Barium swallow of the patient showing a large contrast-filled diverticulum in the lower third of the esophagus. C. Endoscopic view of a large diverticulum arising in the lower third of the esophagus (right); the mucosa can be seen after the removal of overlying semi-solid food remnants. The collapsed esophageal lumen can be seen on the left.