

# Esophageal Diverticulum

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# Introduction

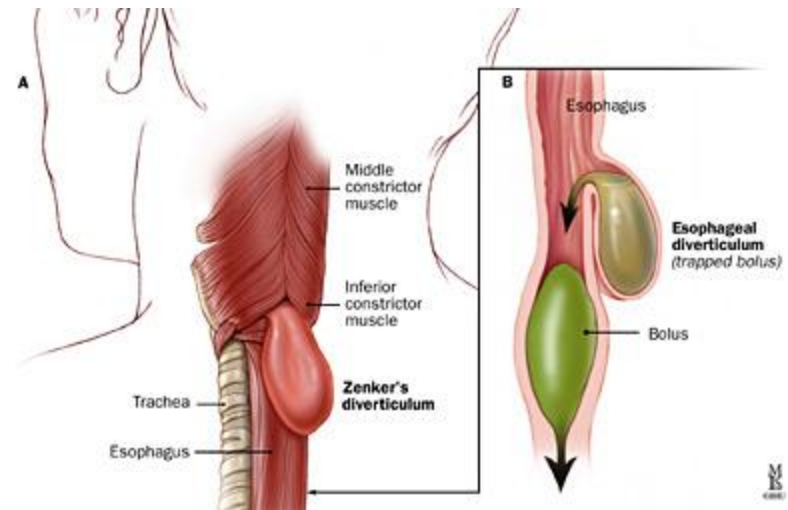
- An esophageal diverticulum is a pouch that protrudes outward in a weak portion of the esophageal lining.
- Uncommon pathology
- Can occur any part of esophagus
- Anatomical or Etiological classification

Anatomically

Upper esophagus (pharyngo-esophageal junction)

Mid esophagus (Parabronchial)

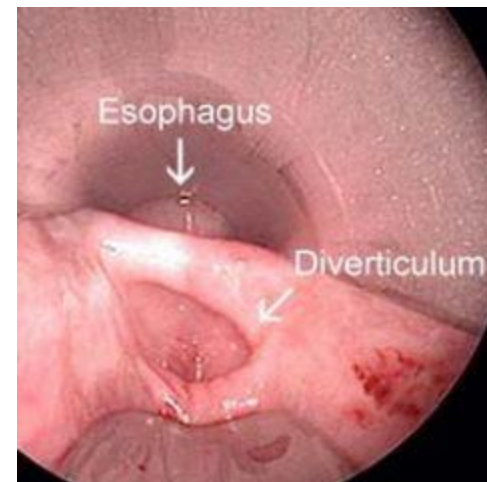
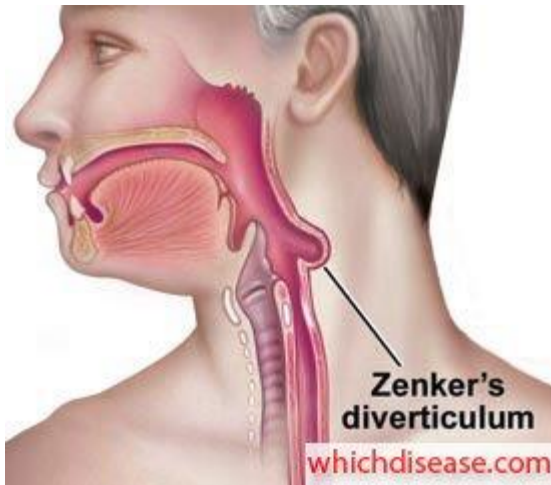
Lower esophagus ( Epiphrenic)



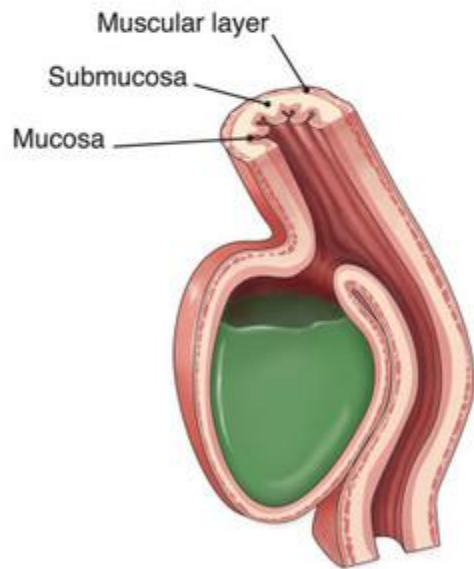
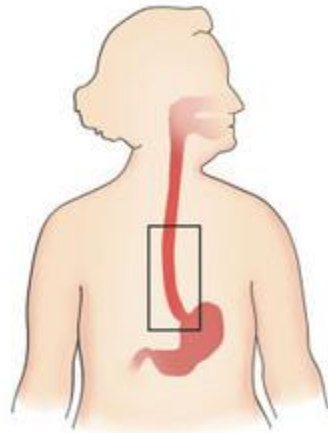
# Types on Basis of Etiology

Traction - chronic inflammation of  
Mediastinum (L. nodes), fibrosis -  
mucosa& muscle pulled outward- pouch

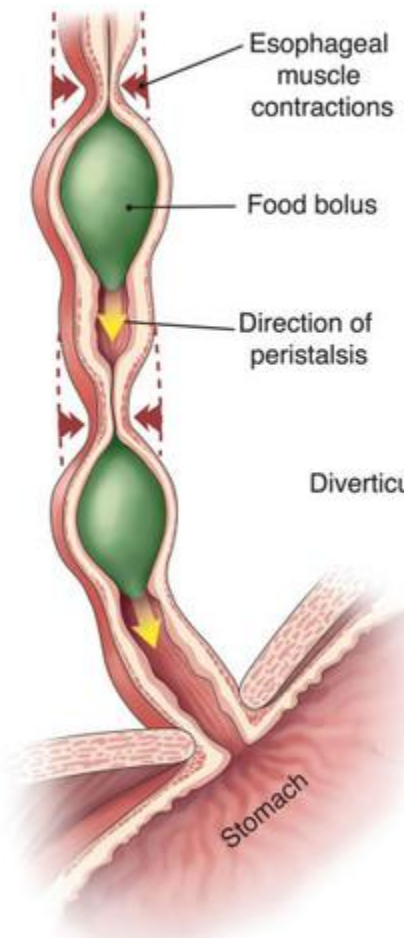
- Pulsion - An increased intraluminal pressure forces esophageal mucosa to herniate- diverticulum



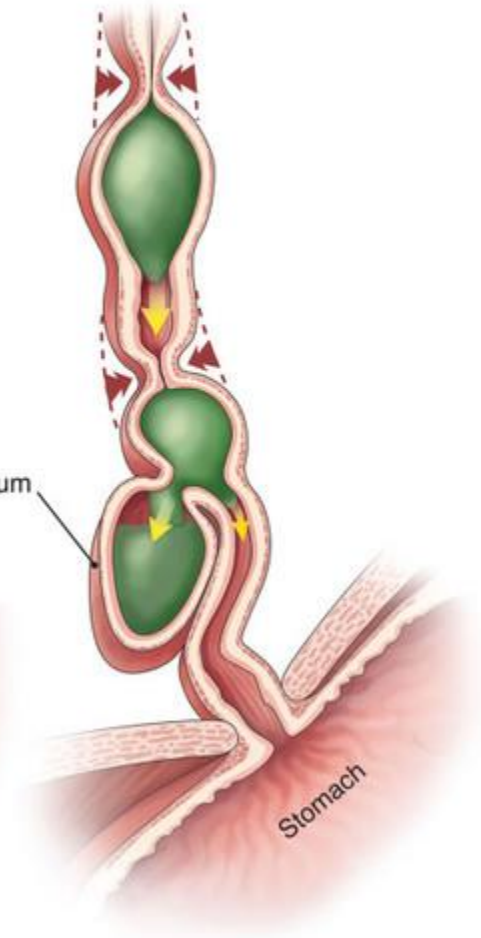
# ESOPHAGEAL DIVERTICULUM



Normal Esophagus

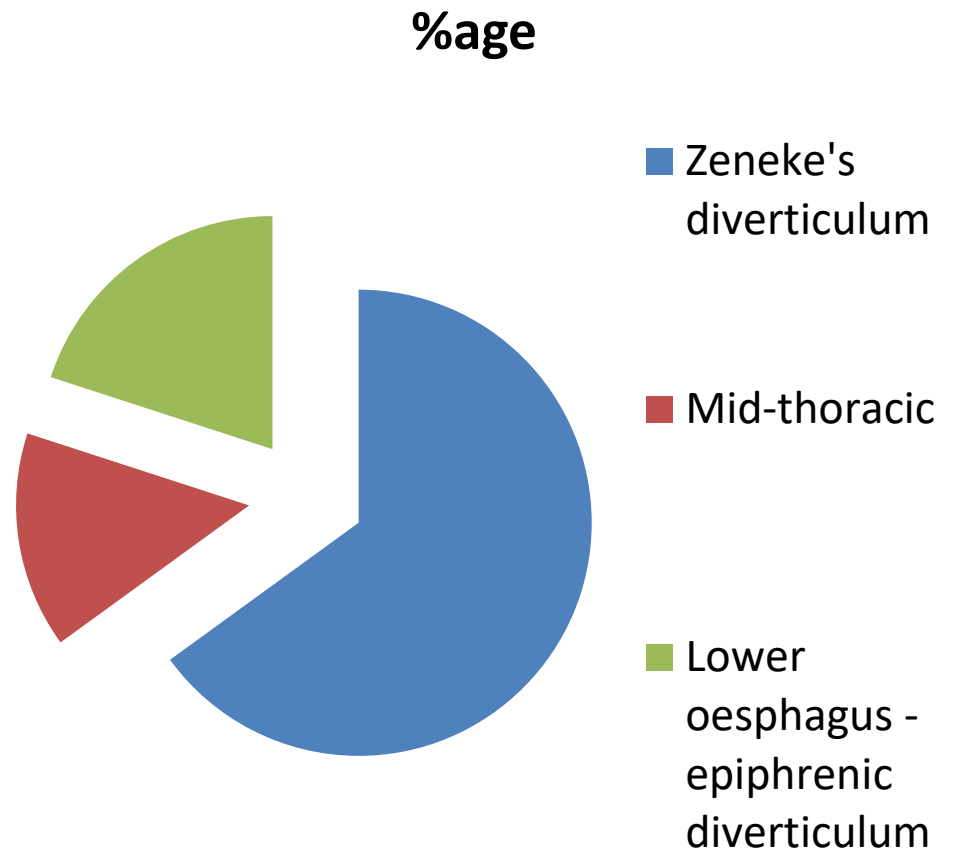


Esophagus with Diverticulum



# Clinically Incidence of Diverticulum

- Pharyngo-oesophageal- Zenker's diverticulum 65%
- Mid- thoracic 15%
- Lower esophagus- epiphrenic diverticulum 20%

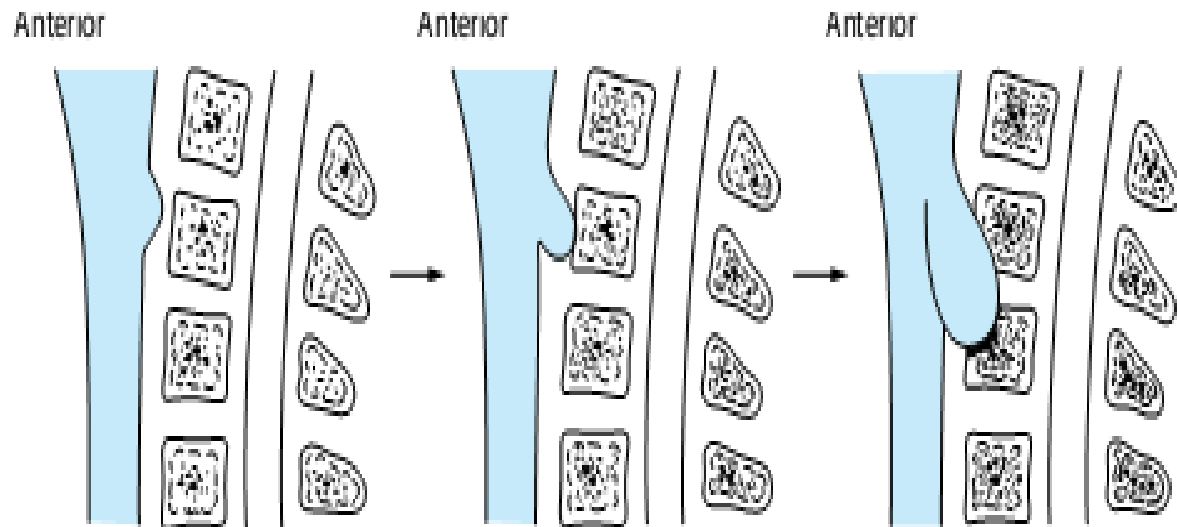


# Zenker's Diverticulum

- M > F (3:1)
- Middle & elderly more effected
- Dysphagia & cough
- Regurgitation & food aspiration
- Halitosis & anorexia
- Neck swelling
- Bleeding
- Carcinoma (0.3%)
- Risk of perforation at OGD

# Investigations

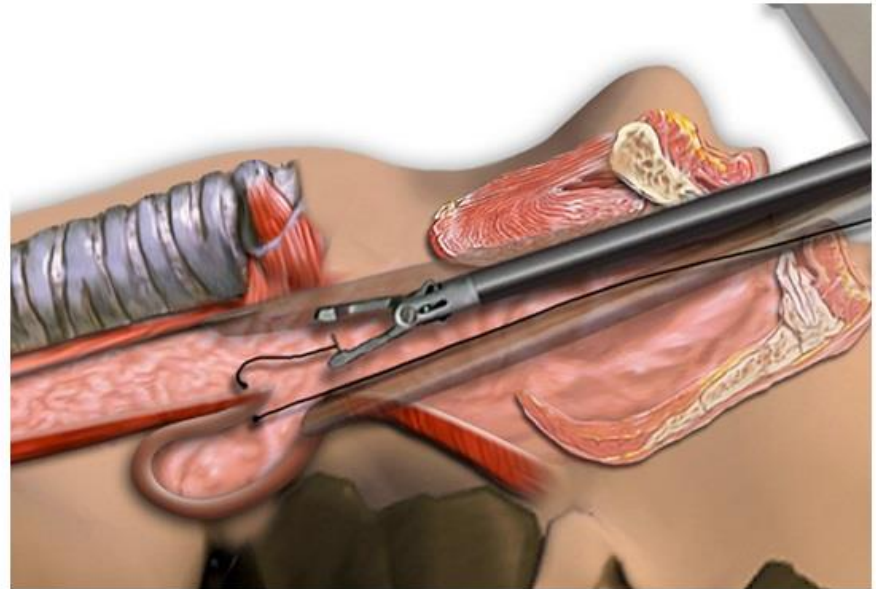
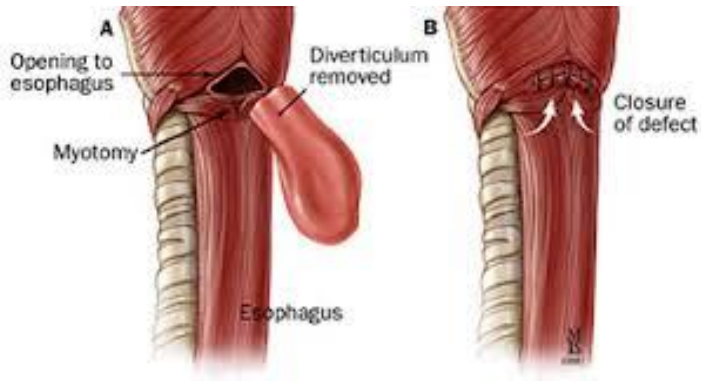
- BARIUM SWALLOW first line investigation
- OGD– Be extremely careful
- Manometry
- PH monitoring



# Treatment

- Open Diverticulectomy

- Transoral endoscopic diverticulectomy





# Mid-thoracic Diverticula

- Least common
- Pulsion or traction
- Asymptomatic or minimal
- Asymptomatic Patient - treat conservatively
- Or
- Large pouches – treat by surgery

# Epiphrenic Diverticula

- Acquired mostly (DOS& Achalasia)
- Associated with H.H &GORD
- Symptoms same as DOS &GORD
- Hematemesis
- Manometry
- Reassurance
- Treat cause
- Surgery