

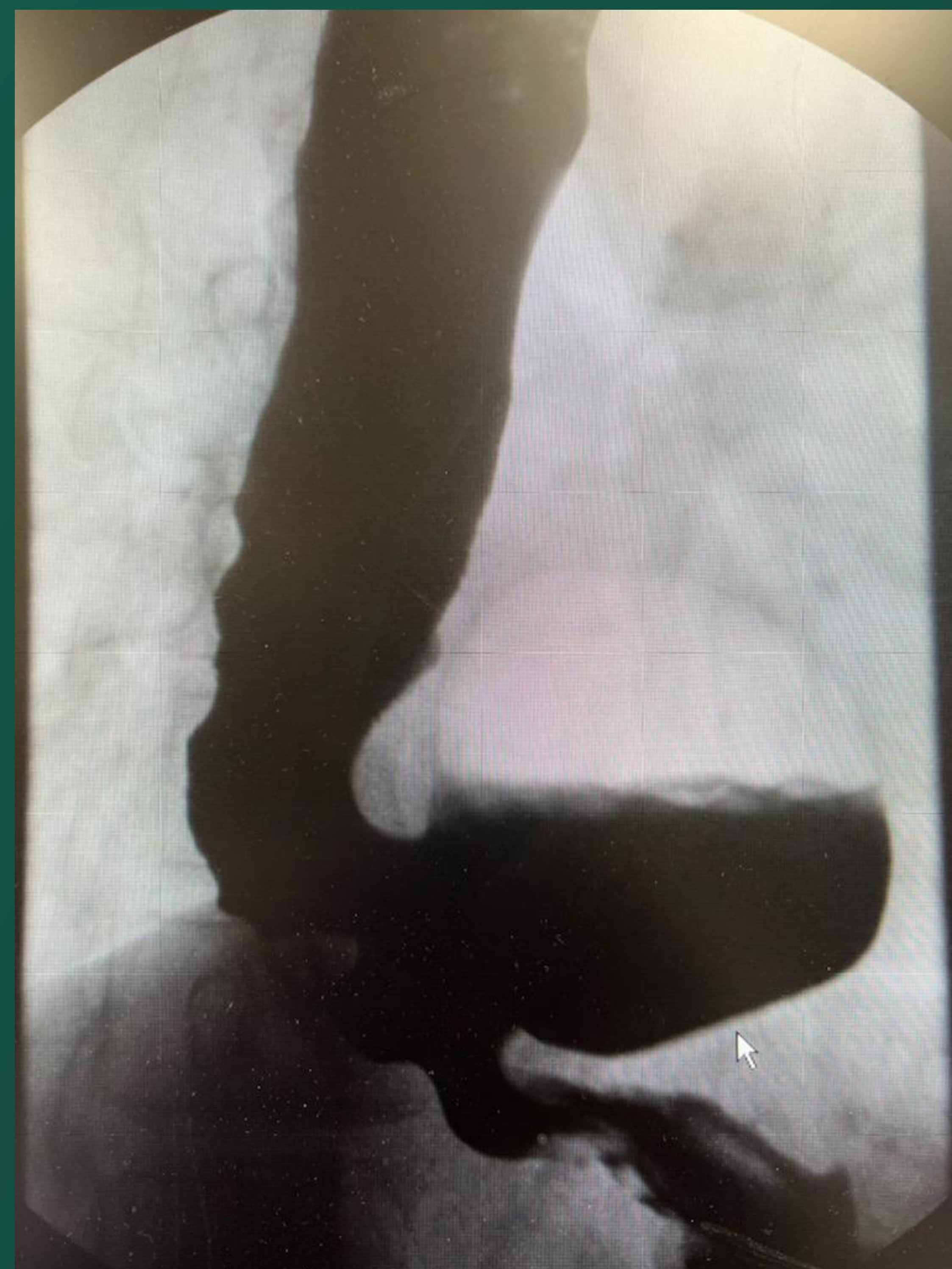
## INTRODUCTION

Esophageal diverticula are a rare finding with an estimated incidence of 1:500 000 per year and a prevalence of 0.015–2%. [1]

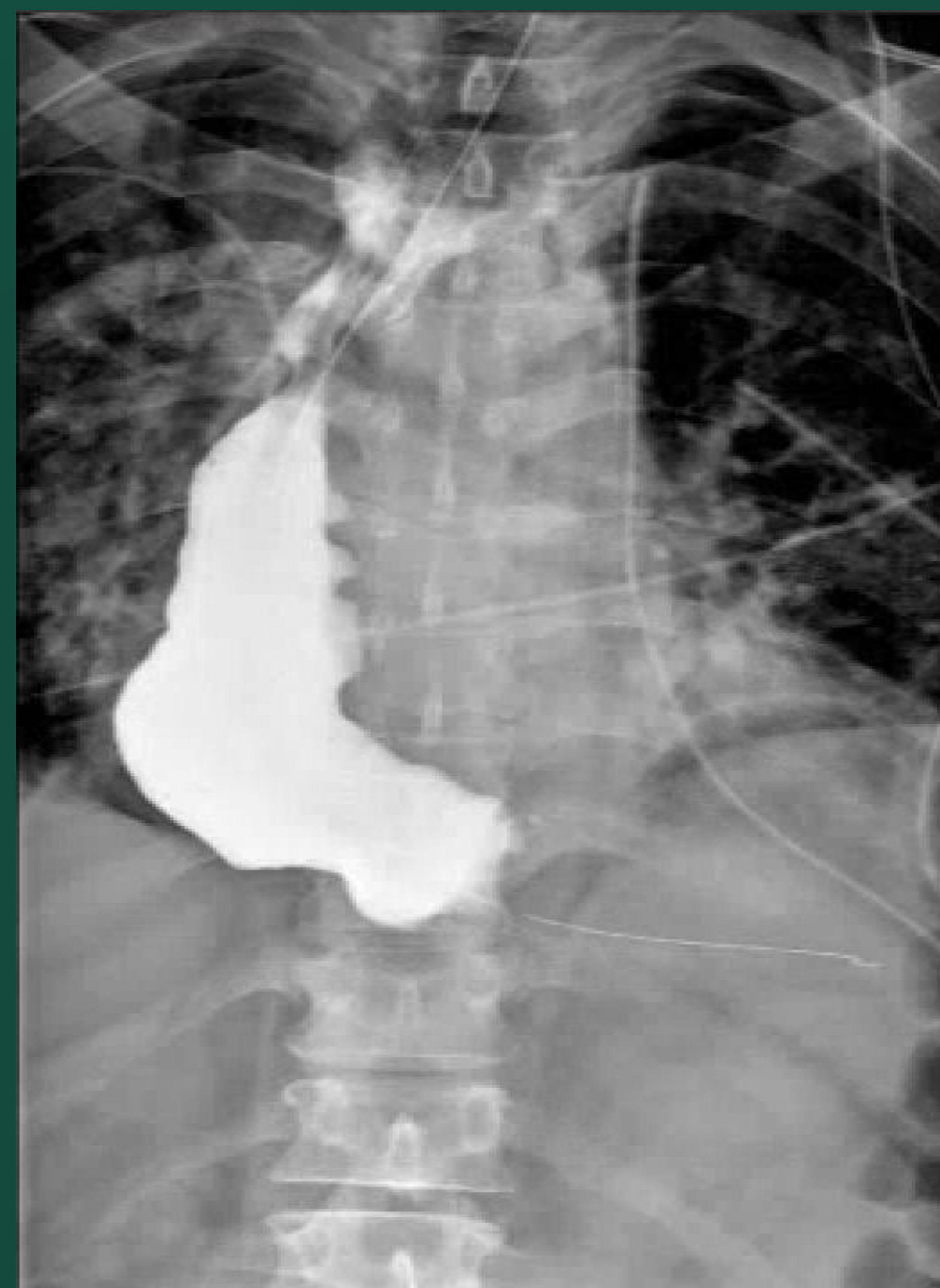
It is usually associated with esophageal motility disorders, particularly Achalasia. The suspected mechanism is secondary to increased intraluminal pressure from the primary esophageal motility disorder, which leads to herniation of the mucosa and submucosa through the muscular layer. [2] It is usually asymptomatic but can present with dysphagia, regurgitation, nausea, vomiting, aspiration, heartburn, weight loss, and retrosternal pain. Here we offer a case of a large esophageal diverticulum in a 52-year-old male who has been having symptoms for years. Given the symptomatic nature of his diverticulum, he underwent surgical repair.

## CASE REPORT

- A 52-year-old patient with no significant past medical history presented with complaints of dysphagia that was worsening over several years, associated with halitosis and food regurgitation.
- The patient was having a routine screening colonoscopy when he had an episode of coffee-ground emesis. He subsequently underwent an esophagogastroduodenoscopy which revealed a large epiphrenic esophageal diverticulum. He then had an esophagogram and Computer Tomography (CT) of chest and abdomen, which confirmed the presence of the diverticulum and significant narrowing of the GE junction.
- Esophageal manometry was not pursued, given the difficulty of placing the probe and the risk of perforation.
- He subsequently underwent left thoracotomy with resection of the large esophageal diverticulum, long myotomy (11 cm), and Besley fundoplication.
- Esophagram following surgery was negative for any leak. He was started on a clear liquid diet that was later advanced to full liquid, with the patient tolerating it well. He was subsequently discharged home.



Esophagram before surgery that shows the esophageal diverticulum



Esophagram post surgery that shows resected epiphrenic esophageal diverticulum with no postsurgical leak

## DISCUSSION

- Most esophageal diverticula are acquired and present in older adults.
- Surgical repair is associated with mortality of 0 to 9% and morbidity of 20%. [3]
- Early detection can provide timely management and prevent further complications.
- This case serves as a reminder to keep a broad differential diagnosis when approaching a patient with symptoms of a motility disorder.

## References

1. Tse CS, Parikh ND. An uncommon source of upper gastrointestinal bleeding: epiphrenic esophageal diverticulum. *Gastroenterol Rep (Oxf)*. 2017 Nov;5(4):313-315. doi: 10.1093/gastro/gov043. Epub 2015 Aug 24. PMID: 26304469; PMCID: PMC5691801.
2. Aravinthan A, Nikolic M, Ouyang X, Lee YM. The hidden cause of dysphagia--epiphrenic diverticulum and esophageal motility disorders. *Can J Gastroenterol*. 2012 Feb;26(2):68-9. doi: 10.1155/2012/426415. PMID: 22312603; PMCID: PMC3275406.
3. Santos MPD, Akerman D, Santos CPDD, Santos Filho PVD, Radtke MC, Beraldo FB, Gonçalves JE. Giant esophageal epiphrenic diverticulum: presentation and treatment. *Einstein (Sao Paulo)*. 2017 Oct-Dec;15(4):486-488. doi: 10.1590/S1679-45082017RC3954. Epub 2017 Sep 21. PMID: 28954034; PMCID: PMC5875165.