



❖ Introduction

- ❖ Patient is an 80 y/o African American female with a past medical history of Gastroesophageal Reflux disease and Congestive Heart Failure presented with dysphagia.
- ❖ There are many causes of structures such as radiation therapy, caustic ingestion, prior surgeries, or systemic dermatological disease.
- ❖ We present a case of Stricture-induced severe dysphagia that was discovered to be caused by ulceration secondary to very proximal Zenker's diverticulum (ZD).
- ❖ This case report also describes a novel approach to esophageal endoscopy through a retrograde approach.

❖ Case Description

- ❖ Patient underwent a modified barium swallow study which showed concerns for esophageal stricture and evidence that the contrast material was not passing through the esophagus.
- ❖ Patient then underwent EGD, which showed complete esophageal obstruction approximately 25 cm from the incisors and impacted food. A repeat EGD was done the next day showing a circumferential ulcer and no lumen could be identified.
- ❖ It was decided to proceed with Open Gastrostomy tube to allow enteral nutrition.
- ❖ After 4 weeks, the patient returned for a repeat EGD that showed a healing ulcer and a blind pouch without an identifiable lumen.
- ❖ The ultrathin scope was advanced through the gastrostomy tract into the stomach and the scope was carefully advanced in a retrograde fashion through the lower esophageal sphincter throughout the esophagus.
- ❖ Narrowing was seen at the proximal end of the esophagus and the scope was carefully advanced through it with minimal resistance we were able to cross the level of the stricture and this was about 15 cm from the Incisors. Subsequently an esophageal stent was deployed over the wire in an antegrade fashion with fluoroscopic guidance.
- ❖ This time, an area of concern was identified as a possible ZD proximal to the prior ulceration site. The ZD was later confirmed on an esophagram at the level of thoracic esophagus on the right side.

❖ Discussion

- ❖ This case was challenging as the diagnosis of ZD was missed on Computed tomography (CT) scan, MBSS and 2 EGDs.
- ❖ Patient had a long history of dysphagia and the impacted food led to ulceration and esophageal strictures.
- ❖ The diagnosis was established only after advancing the scope in a retrograde fashion which brought significant relief to the patient.
- ❖ This case highlights that sometimes a careful examination is required as an approach to diagnosis of dysphagia in elderly.

Supportive Images

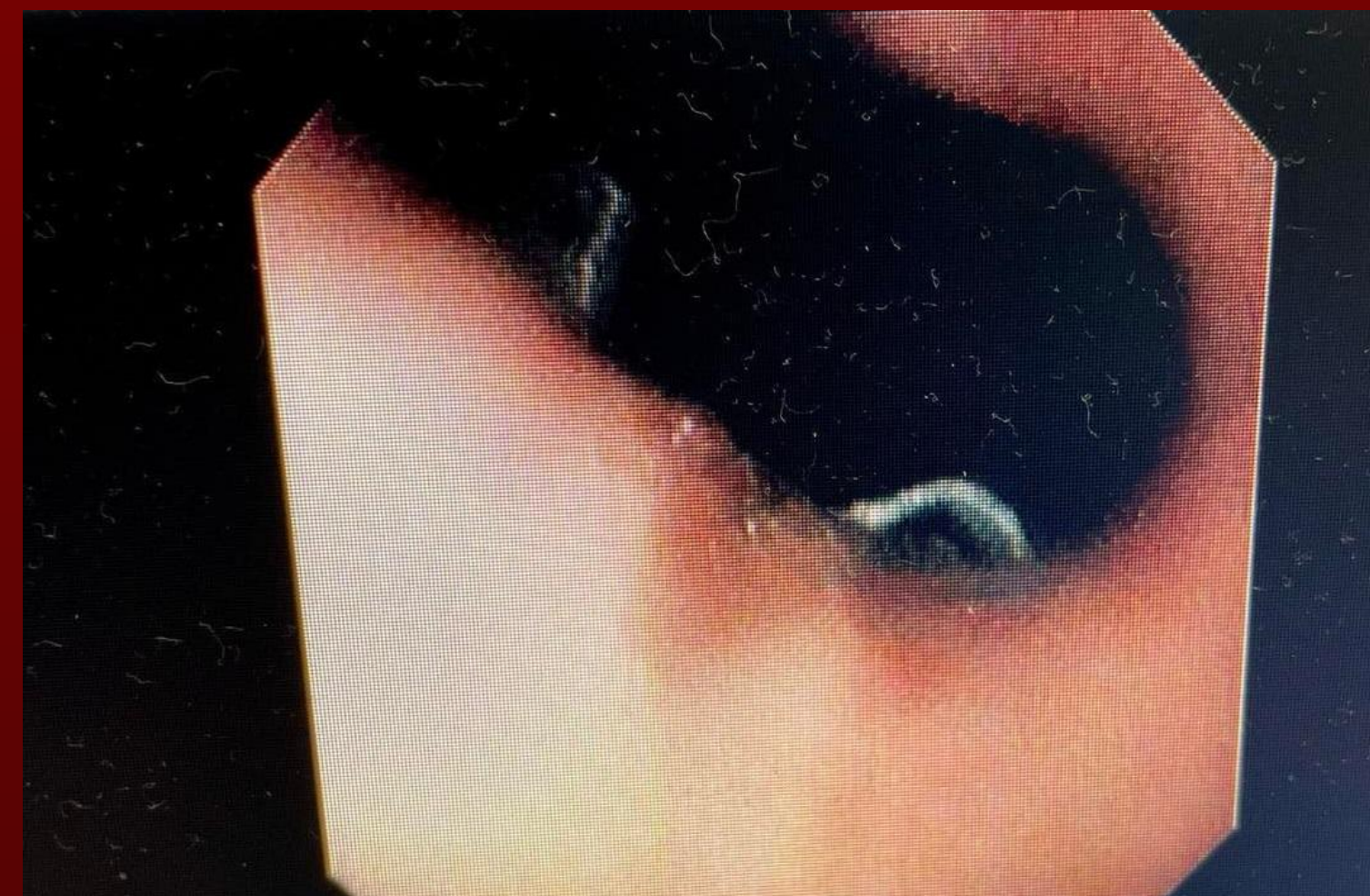
- ❖ Blind pouch on initial endoscopy.



- ❖ Retrograde approach where through peg site and going up esophagus advancing wire.



- ❖ Stent in place immediately below upper esophageal sphincter.



- ❖ This is in OR where a savy dilator screen right that we placed with retrograde wire. Viewing zenkers next to it.

