

Introduction

- Esophageal intramural pseudodiverticulosis (EIP) is a rare benign condition, presenting in <1% of endoscopy cases
- Trademark appearance is flask-shaped outpouching lesions along the esophageal wall
- Coexists with gastroesophageal reflux disease (GERD), esophageal strictures, diabetes, esophageal candidiasis, alcohol dependence, and achalasia
- Usually associated with benign disorders however can occasionally be associated with esophageal cancer
- Not considered true diverticula as morphologically they consist of widened secretory ducts of the submucosal glands
- Patients present most commonly complaining of dysphagia
- Diagnosed by barium swallow study, computed tomography, and endoscopy;
- Endoscopic ultrasound used for further determination of the layers involved
- Here we present a case of a patient with a previously treated esophageal stricture who suffered from chest pain and was diagnosed with EIP by esophago-gastro-duodenoscopy (EGD)

Case Report

A 68 year old Hispanic female with a past medical history of hypertension, hypothyroidism, and untreated GERD presented to the emergency department complaining of chest pain for 1 week. Initial chest pain evaluation for cardiac etiologies was negative. Further investigation revealed a history of an esophageal stricture with pneumatic dilation 30 years prior to presentation. Patient underwent a barium swallow study demonstrating pockets of residual barium. An EGD was performed, which discovered >20 pseudodiverticula, gastritis, and multiple duodenal ulcers. The patient admitted to a long history of dysphagia with her most recent EGD being performed in Cuba 10 years prior. No diagnosis or discovery of esophageal diverticula was mentioned, but she was found to have gastritis and ulcers. The patient was lost to proper follow up after immigrating to the United States. Proton pump inhibitor therapy was initiated with further evaluation plans to consist of endoscopic ultrasonography as an outpatient.



Discussion

- Since EIP was first reported in the 1960s there have been about 200 EIP cases published worldwide
- Pathogenesis is unknown
- Seen bimodally in teens and in patients in their 50-60s
- Risk of developing esophageal diverticula is increased by the presence of GERD and esophageal motility disorders, primarily in the thoracic portion of the esophagus
- Our patient had a history of a pneumatic dilation as well as untreated GERD which greatly increased her risk of developing diverticula
- This may be a unique presentation of EIP after prior esophageal stricture treatment
- Though the definitive cause of EIP remains uncertain it is common to treat these patients with PPIs due to its association with GERD
- Other treatment options include endoscopic dilatation as well as medical treatment of associated diseases
- It may be beneficial for future studies to further identify potential risk factors