

## Zenker's diverticulum

### Diverticule de Zenker

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Zenker's diverticulum (ZD), also known as hypopharyngeal diverticulum, is an acquired sac-like outpouching of the mucosa and submucosa layers originating from the pharyngoesophageal junction. The diverticulum typically is due to high intraluminal pressure associated with incomplete opening of the cricopharyngeus muscle upon deglutition resulting in a pulsion diverticulum through this area of anatomic weakness.

The incidence of ZD was estimated to be 1–2 per 100,000 patients/year and twice as common in males [1]. It typically occurs in middle-aged and elderly patients. The most common symptoms are dysphagia, regurgitation, thoracic pain, and pulmonary manifestations related to aspiration.

Treatment is recommended for symptomatic patients and considering the aetiopathogenesis of the disease demands myotomy of the cricopharyngeal muscle.

Myotomy may be pursued through either open surgical or endoscopic techniques. It is important to individualize optimal therapy for each patient [2].

A 75-year-old lady presented with difficulty in swallowing and regurgitation of food for 12 months. Zenker's diverticulum, confirmed on a barium esophagogram (Fig.1). Through an open neck approach, diverticulectomy with esophageal myotomy was performed (Fig.2).

The control opacification does not objectified any fistula (Fig.3).

Diverticulopexy with cricopharyngeus myotomy is an effective, reliable, and reproducible technique for the correction of Zenker's diverticula smaller than 3 cm. Diverticulectomy should be reserved for larger diverticula. Technical improvements of transoral stapled diverticulostomy are still required before it can be promoted as an alternative therapy [3].



Figure 1 : barium esophagogram

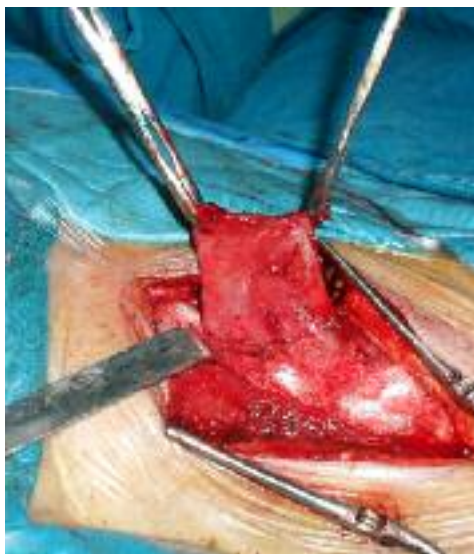


Figure 2 : Zenker's diverticulum



Figure 3 : control opacification

## References

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3. Carrère N, Pradère B. Diverticules de l'œsophage. J Chir 2004;141:85-91.