

Epiphrenic Esophageal Diverticula: A Case Report

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Abstract

Epiphrenic esophageal diverticula are acquired conditions of the esophagus found primarily in adults. Epiphrenic esophageal diverticula is a benign disease of the esophagus. An epiphrenic esophageal diverticulum has been presented and relevant literature reviewed.

Keywords: Esophagus; Diverticula; Endoscopy

Introduction

Esophageal diverticula are uncommon. They can be found at any level of the esophagus. They are divided into two form; traction and pulsion diverticulum. The epiphrenic diverticula is a pulsion diverticulum. Many patients are asymptomatic at the time of diagnosis. Endoscopic examination is essential in defining the underlying pathophysiology. The aim of this study is to an epiphrenic esophageal diverticulum has been presented and relevant literature reviewed.

Case Presentation

A 45-year-old man who presented with a 2 month history of epigastric abdominal pain. Physical examination and laboratory evaluation were normal. Gastroscopy was suggest to the patient. He was underwent gastroscopy. An epiphrenic diverticula (4 cm diameter) was encountered (Figure 1) during endoscopic examination. Later on esophageal manometry was added that was seen normal. Following was proposed the patient.

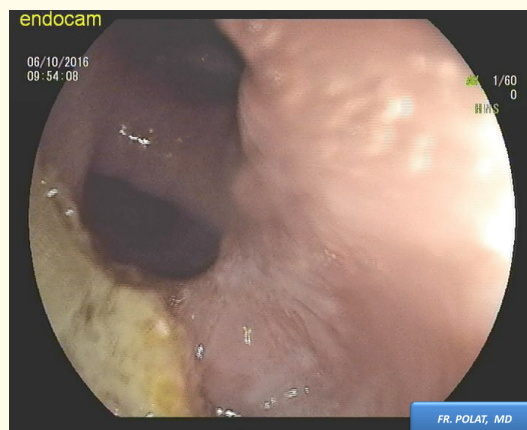


Figure 1: Epiphrenic eosophageal diverticula.

Discussion

Esophageal diverticula are uncommon. They can be found at any level of the esophagus, but can generally be placed in one of three classifications: pharyngoesophageal, midesophageal, or epiphrenic [2-4]. They are also divided into traction and pulsion diverticula based on the pathophysiology that induced their formation [1,2]. The epiphrenic diverticula is a pulsion diverticulum can be located at almost every level but typically occurs in the distal 10 cm of the thoracic esophagus [1]. The case diverticulum was located in the end of the thoracic esophagus.

Patients with epiphrenic esophageal diverticula may be asymptomatic or may present with dysphagia, regurgitation, chest pain, abdominal pain, halitosis, chronic cough, aspiration pneumonia, or upper gastrointestinal bleeding [3,4]. The case present with nonspecific abdominal pain.

The diagnosis is made with a contrast esophagogram; however, endoscopic examination and esophageal function studies are essential in defining the underlying pathophysiology [1]. All case should be underwent to esophageal manometry test after endoscopic procedure.

The treatment in these cases is directed at the underlying pathophysiology and the functional obstruction of the distal esophagus, as well as dealing with the diverticulum. Operative treatment is recommended for patients with progressive or incapacitating symptoms associated with abnormal esophageal peristalsis¹. Surgery consists of diverticulectomy or diverticulopexy, along with an extramucosal esophagomyotomy [1,3,4]. When the diverticulum is associated with a hiatal hernia and reflux, a concomitant nonobstructive antireflux procedure (Belsey Mark IV) is recommended¹.

Conflict of Interest

The author has no conflict of interest to declare.

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Bibliography

1. Rishindra M Reddy and Bryan F Meyers. "Esophagus". Washington Manuel of surgery, Klingensmith, Mary E(Editor), 5th Edition: Lippincott Williams and Wilkins. (2008): 153-168.
2. Polat FR and Polat S. "The effect of Helicobacter pylori on gastroesophageal reflux disease". *Journal of the Society of Laparoendoscopic Surgeons* 16.2 (2012): 260-263.
3. Aaron S Fink. "Esophagus". Michael J. Zinner, Editors. Abdominal operations. Tenth edition. London: Prentice Hall International Inc 8 (2012): 189-237.
4. Jeffrey H Peters and Demeester Tom. "Esophagus and diaphragmatic hernia". Schwartz, Editors. Principles of Surgery. Seventh edition. Newyork: McGrawhill International Inc 23 (2009): 1081-1180.
5. Polat FR and Polat S. "The relationship between grade's of The Gastroesophageal Reflux Disease and Hiatal hernias". *HealthMed Journal* 6.7 (2012): 2268-2270.

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