

Gastrointestinal and Liver Pathology at Rush

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Case of the Month Answer – May 2008

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Diagnosis: Epiphrenic Diverticula

Epiphrenic diverticula comprise about 10% of all esophageal diverticula and usually arise within 10 cm from the gastroesophageal junction. Most are solitary, right sided, and frequently co-exist with a hiatus hernia. They are usually acquired pulsion-type diverticula due to elevated intra-esophageal pressure from an underlying esophageal motility disorder.¹ Many patients are asymptomatic, but may present with dysphagia, weight loss and substernal pain related to complications of inflammation, perforation, or stricture formation. Less than 100 cases of carcinoma arising in an epiphrenic diverticulum have been reported.²

Although rare, epiphrenic diverticula must be considered in the differential diagnosis of patients presenting with dysphagia. Thoracotomy or laparotomy has been the traditional approach for therapy. Current treatment includes laparoscopic surgical diverticulectomy and esophagomyotomy for severe symptoms.³ However, this has a fairly high morbidity and mortality. Unless malignant change is confirmed at the time of biopsy, it has been recommended that the underlying cause responsible for the diverticulum is eliminated prior to surgical intervention.^{2,4}

REFERENCES

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