

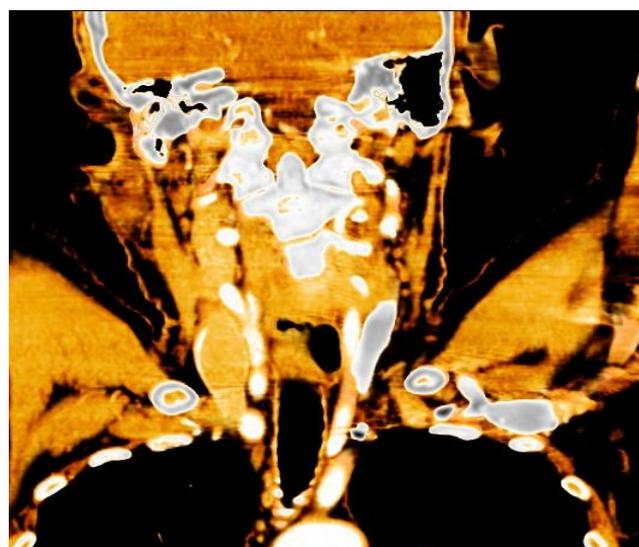
Zenker Diverticulum

64year old man presented with h/o dysphagia and regurgitation.

Contrast enhanced CT scan of the neck and thorax revealed

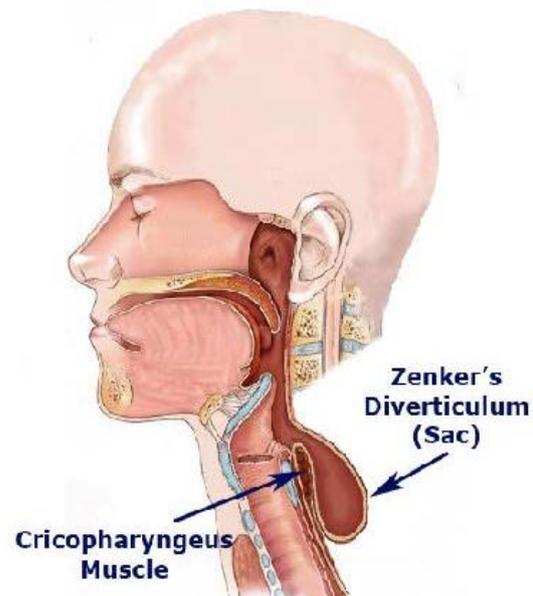
A diverticulum arising from the midline of the posterior wall of the distal pharynx near the pharyngo-esophageal junction. The diverticulum measured 2.3 x 1.2 cm (length x width) and extended in the left paramedian region along the proximal esophagus opposite C5-C6 vertebral level.

Diagnosis - Zenker diverticulum



Zenker diverticulum, also known as a pharyngeal pouch, is a posterior outpouching of the hypopharynx, just proximal to the upper esophageal sphincter through a weakness in the muscle layer called the Killian dehiscence. It is a pulsion-pseudodiverticulum and results from herniation of mucosa and submucosa through the Killian triangle (or Killian dehiscence), a focal weakness in the hypopharynx at the normal cleavage plane between the fibers of the two parts of the inferior pharyngeal constrictor muscle - the cricopharyngeus and thyropharyngeus. This phenomenon may lead to the creation of a sac with a narrow neck that

can trap liquid and food. The distended sac may compress the cervical esophagus.



Clinical presentation

The entrapment of liquid and/or food within the diverticulum may result in a mass like sensation, dysphagia, halitosis, regurgitation, cough. infection

Radiographic features:

Fluoroscopic barium swallow examination may show a diverticulum arising from the midline of the posterior wall of the distal pharynx near the pharyngo-esophageal junction. The pouch is best identified during swallowing and is best seen on the lateral view, on which the diverticulum is typically noted at the C5-6 level

CT scan clearly demonstrates an air filled out pouching just proximal to the upper esophageal sphincter. Since ~90% of patients with a Zenker diverticulum have a hiatus hernia and gastro-esophageal reflux, the distal esophagus should also be evaluated.

Regards,

Dr. Gaurish G. Surlakar/Dr. Deepa S. Nadkarni

N.B: This case is authentic and from the archives of Radiance Diagnostics. For any queries /suggestions /feedback write to us at radiance@radiancediagnostics.in. Case of the month can also be accessed anytime online at VIEW BOX at www.radiancediagnostics.in