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Treatment of midesophageal diverticulum by adhesiolysis

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ABSTRACT

Midesophageal diverticulum which has traction in etiology may be asymptomatic or symptomatic. Treatment is changed according to the severity of the symptoms and size of it. Midesophageal diverticula were developed after tuberculous infection in our case. It was released from adjacent tissue with adhesiolysis. It was small, esophageal wall was intact and diverticula's wall returns to normal esophageal wall so diverticulectomy was not performed. The case was followed up for six months and no complaint occurred.

1. Introduction

Esophageal diverticula may be grouped in pulsion and traction. Pulsion diverticulum is found in cervical and epiphrenic regions, whereas traction diverticulum is found in midesophageal region. Difficulty in swallowing, sensation of food stuck, weight loss, regurgitation, halitosis, hemorrhage, infection, the development of neoplasia may be found in the clinical signs. We report a case of a 75 year old male whose midesophageal diverticulum was developed after tuberculous infection. And surgical therapy was performed with adhesiolysis and there was no need to do diverticulum resection[1-3].

2. Case report

Our case was a 75 year old male. About two years ago he was given tuberculous. The patient complained of sensation of food stuck, difficulty in swallowing and weight loss. Swallowing complaints were obvious especially with small grain foods such as rice and wheat.

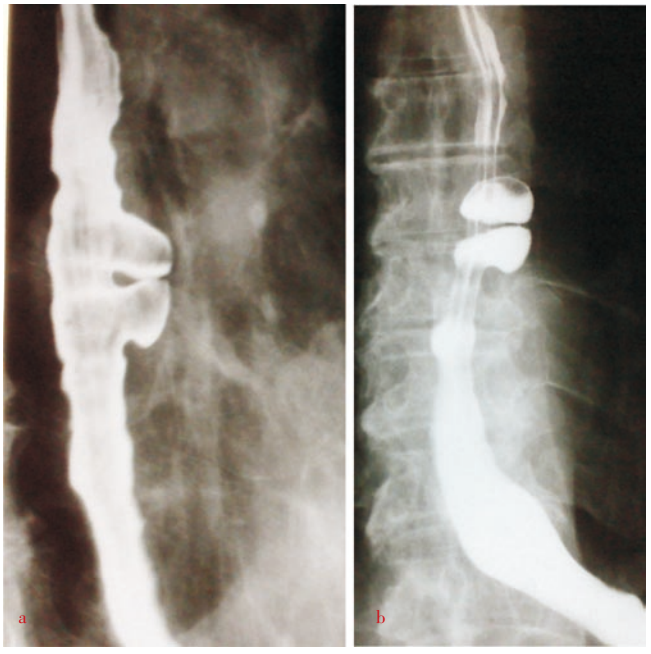

Figure 1. Esophagus passage graphy.

Thoracic esophageal diverticulum was seen in endoscopic examination. Esophagus passage graphy was taken (Figure 1a and 1b) and midesophageal diverticulum was seen. The patient's complaints were so much and he applied for operation. Right thoracotomy was performed. He had so

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much adhesions between thoracic pleura and pulmonary pleura. Adhesiolysis was performed and mediastinal pleura was opened. Adhesions were multiple and extensive between esophagus and adjacent tissue. Vena azygos was ligated to reach to the esophagus. Adhesiolysis was performed. A lot of adhesions were seen between esophagus and lymph nodes. After adhesiolysis two esophageal diverticula were released. Diverticula were small and esophageal wall was intact. So diverticulum resection was not performed. Postoperative control passage graphies were taken at the first and sixth month (Figure 2) and recurrence was not seen.

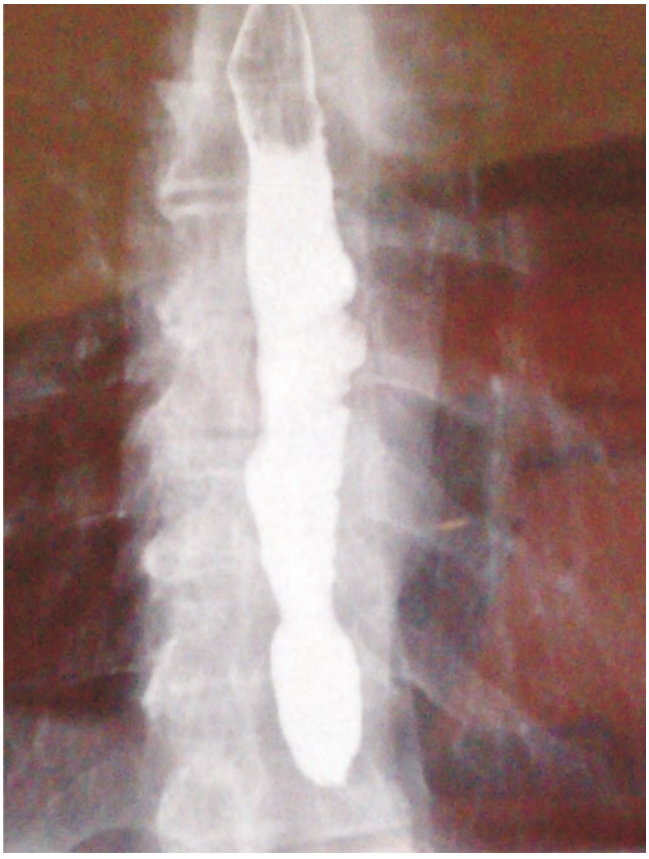

Figure 2. Postoperative control passage graphy.

3. Discussion

Midesophageal diverticula may be asypmtomatic or symptomatic with spectrum from light to obvious clinical signs[1]. There are different clinical signs, some of which are mild such as sensation of food stuck and some are severe such as sudden and excessive hemorrhage from arterial fistula or recurrent pneumonia from tracheobronchial fistula. Previous infections especially tuberculosis, histoplasmosis, *etc* may be found in etiologic factors[3-6]. Medical therapy may be given in mild clinical signs. In severe clinical signs, surgical therapy may be preferred[7,8]. Right thoracotomy is preferred in surgical therapy of midesophegeal diverticula[9]. Multiple adhesions may be found because of previous infections. Dissections must be performed carefully in order to completely release the adhesion of adjacent tissue and esophagus. If it is difficult to reach esophagus, venza azygos may be ligated[10]. After releasing of the diverticula, if diverticula are large, resection may be performed; if diverticula are small, there is no need to perform resection. Therefore, resection related complications are not seen if resection is not performed. In our case improvement was obtained without resection[11].

Conflict of interest statement

We declare that we have no conflict of interest.

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