

Endoscopic repair of Zenker's Diverticulum – An Australian Perspective

Authors:

Howard S Fan, Bethany Stavert, Daniel L Chan, Michael L Talbot

PURPOSE

Zenker's diverticulum is a rare acquired oesophageal herniation into the posterior pharyngeal wall through Killian's dehiscence. Treatment options include open transcervical cricopharyngeal myotomy, transoral rigid endoscopic stapling, and endoscopic cricopharyngeal myotomy. While open techniques have historically been the gold standard, endoscopic options have become increasingly preferred due to lower perioperative morbidity, shorter operative times, shorter recovery times, and lower complication rates. We present a case series, including a video, to demonstrate the safety and efficacy of endoscopic treatment for Zenker's diverticulum.

METHODOLOGY

We conducted a single centre retrospective case series of patients undergoing endoscopic cricopharyngeal myotomy from January 2014 to December 2018. Our technique involved using flexible endoscopy to visualise the Zenker's diverticulum and using a needle knife to perform cricopharyngeal myotomy.

RESULTS

A total of 7 patients (2 male, 5 female; mean age 76; mean ASA 2) were treated for Zenker's diverticulum with flexible endoscopic myotomy. These patients presented with dysphagia and reflux, and were diagnosed on endoscopy and barium swallow. Mean operative time was 39 minutes (range 14-65). There were no intraoperative or postoperative complications. Patients were initiated on clear fluids same day, and mean length of stay was 1.7 days. Mean follow up duration was 14 weeks, and symptoms improved in 5 of 7 patients.

CONCLUSION

Cricopharyngeal myotomy using flexible endoscopy is a safe and effective technique for the management of Zenker's diverticulum. Benefits include shorter operative times, shorter post-operative admissions, and earlier progression of diet.