A 55-year-old man with persistent dysphagia and chest pain for 5 years was referred to our medical team. Gastroscopy (Olympus, Tokyo, Japan) revealed two distinct diverticula: one mid-esophageal diverticulum located 33 cm from the incisors and another “kissing” epiphrenic diverticulum 43 cm from the incisors (▶ Fig. 1, preoperation). Barium swallow showed the size of the esophageal diverticula to be 4 mm, 19 mm and 22 mm, respectively (▶ Fig. 2, preoperation). Esophageal manometry showed no findings of a primary motility disorder (▶ Fig. 3).

The patient asked for minimally invasive therapy, so we used peroral endoscopic myotomy (POEM) (▶ Video 1). A 2-cm oblique mucosal incision was made between the “kissing” diverticula, at 3–5 cm above the diverticula, using a triangle-tip knife positioned at the tunnel entry. Another incision was made on the same side 3–5 cm above the single diverticulum, which was 33 cm from the incisors. For both diverticula, a submucosal longitudinal tunnel was made on each side of the septum and ended 1–2 cm distal to the bottom of the diverticulum. Circular muscle, longitudinal muscle, and base muscle between the esophageal lumen and diverticulum were dissected using the triangle-tip knife (▶ Fig. 4, ▶ Fig. 5). Finally, the mucosal incisions were closed with hemostatic clips.

The patient took semifluid food the following day, and was discharged from hospital on postoperative day 7 with symptoms completely resolved. A barium swallow test 1 week later showed a dramatically flatter diverticula bottom (▶ Fig. 2, postoperation). The 1-month follow-up gastroscopy showed increased esophageal lumen (▶ Fig. 1, postoperation), and the patient had gained 3 kg in weight.

The first application of POEM was reported in 2010 [1]. Since then, POEM has been applied to gastroparesis and esophageal diverticulum [2–3]. In the present...
case, we successfully treated multiple esophageal diverticula by POEM, which expanded its application. Further studies on the long-term efficacy and follow-up after POEM are required.

Endoscopy_UCTX_Code_CCL_1AB_2AC_3AF

Competing interests

None

The authors

Li-Hua Ren, Ya-Dong Feng, Rui-Hua Shi
Department of Gastroenterology, Zhongda Hospital, School of Medicine, Southeast University, Nanjing, China

Corresponding author

Rui-Hua Shi, PhD, MD
Department of Gastroenterology, Zhongda Hospital, School of Medicine, Southeast University, No. 87 Dingjiaqiao Road, Jiangsu Province, Nanjing 210009, China
Fax: +86-025-83262835
ruihuashi@126.com

Fig. 2 Pre- and postoperative (1-week follow-up) barium swallow results. The sizes of the three esophageal diverticula were 4 mm (A), 19 mm (B), and 22 mm (C), respectively.

Fig. 3 Esophageal manometry results showed no findings of a primary motility disorder.

Fig. 4 Peroral endoscopic myotomy of the single diverticulum. A submucosal tunnel was made in the single esophageal diverticulum at 33 cm from the incisors. The base muscle between the esophageal lumen and the diverticulum was dissected.
References


E124

Ren Li-Hua et al. POEM for esophageal diverticula... Endoscopy 2019; 51: E122–E124