A 55-year-old man presented with a 10-year history of progressive dysphagia, mainly for solids. He had previously undergone two unsuccessful attempts at an endoscopic diverticulotomy at another institution. Because of his persistent dysphagia, contrast radiography of the esophagus and upper gastrointestinal endoscopy were performed, and a 5-cm Zenker’s diverticulum was identified. A new flexible endoscopic procedure was proposed for the patient, which consisted of transoral stapling of the diverticular septum using an Echelon Flex stapler (Ethicon, Cincinnati, Ohio, USA) (▶ Fig. 1a) while traction on the septum was maintained with two stitches. Although several cutting devices are available to dissect a diverticular septum, it remains unclear which procedure is safer and more efficient [1]. Stapling has the advantage of transecting the diverticulum and simultaneously sealing the wound edges [2]. However, it may lead to incomplete sectioning of the septum and diverticular recurrence, as had happened in our patient. In order to avoid incomplete sectioning of the septum, we placed two traction stitches at the edge of the septum, using a mini-laparoscopic needle holder (E705R; Ethicon) (▶ Figs. 1b). The needle holder was introduced alongside the diverticuloscope (ZDO 22-30; Cook Medical, USA), with an ultrathin endoscope (caliber 5.9 mm, with a working channel of 2.0 mm) and overtube (ZD overtube: Cook Endoscopy, Winston-Salem, North Carolina, USA) being used [3] (▶ Fig. 2). Following placement of the stitches, we positioned a stapler into the pharynx, with one blade in the esophagus and the other in the diverticulum (▶ Fig. 3). Sectioning of the septum was then performed (▶ Video 1). Good long-term results have been described for the transoral stapling technique using stitch traction of the septum by some authors [4]; however, in these reports, traction stitches were placed with a rigid scope [5]. To the best of our
knowledge, this is the first report of the placement of a traction stitch on the septum through a flexible diverticuloscope. Further studies are necessary to demonstrate the efficacy of traction stitch placement with a flexible diverticuloscope in reducing diverticular recurrence.

Competing interests
None

The authors
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