Peroral endoscopic myotomy and simultaneous endoscopic diverticuloseptotomy in a case of achalasia with diverticula

A 58-year-old man with symptoms of dysphagia and regurgitation was admitted for treatment. Evaluation with endoscopy and contrast esophagogram revealed achalasia cardia with a small mid-esophageal diverticulum and a large epiphrenic diverticulum (Fig. 1, Fig. 2). Peroral endoscopic myotomy (POEM) and a simultaneous endoscopic diverticuloseptotomy were performed in this case (Video 1). Firstly, submucosal injection and mucosal incision were made at about 5 cm above the epiphrenic diverticulum. Secondly, a submucosal tunnel was created pointing toward the diverticular septum and extended on both sides of the septum, i.e., the diverticular and esophageal lumen side (Fig. 3). Thirdly, complete myotomies of the muscle layer of the diverticular septum and the esophagus were performed separately. Due to technical difficulty, a small mucosal perforation occurred at the most narrow, twisted, and spasmodic part of the distal esophagus (Fig. 4). In the final step, the small mucosal injury and the entry of the tunnel were closed with endoclips. An X-ray contrast study 5 days after POEM revealed a free flow of contrast medium across the gastroesophageal junction and a collapsed epiphrenic diverticulum (Fig. 5). There was substantial improvement in the patient’s clinical symptoms as well. At the 3-month follow-up, the patient reported complete resolution of dysphagia.

POEM has been introduced for achalasia treatment as a less invasive alternative to laparoscopic Heller myotomy [1]. However, a few patients with achalasia have a co-existing large epiphrenic diverticulum, which may cause technical difficulties and increase the rates of procedure-related adverse events [2,3]. In our
case, a small esophageal mucosal injury occurred during POEM, which was completely sealed by an endoclip without any postoperative complications. Classically, a diverticulum of the middle esophagus is classified as a Rokitansky diverticulum, and it rarely attains an appreciable size or produces any symptoms [4]. We did not treat the small mid-esophageal diverticulum in this case.

References


Bibliography

DOI https://doi.org/10.1055/a-1059-9322
Published online: 2019
Endoscopy
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Competing interests
None

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