

A Tough to Swallow Procedure: Endoscopic Revision of a Surgical Failure for a Zenker's Diverticulum

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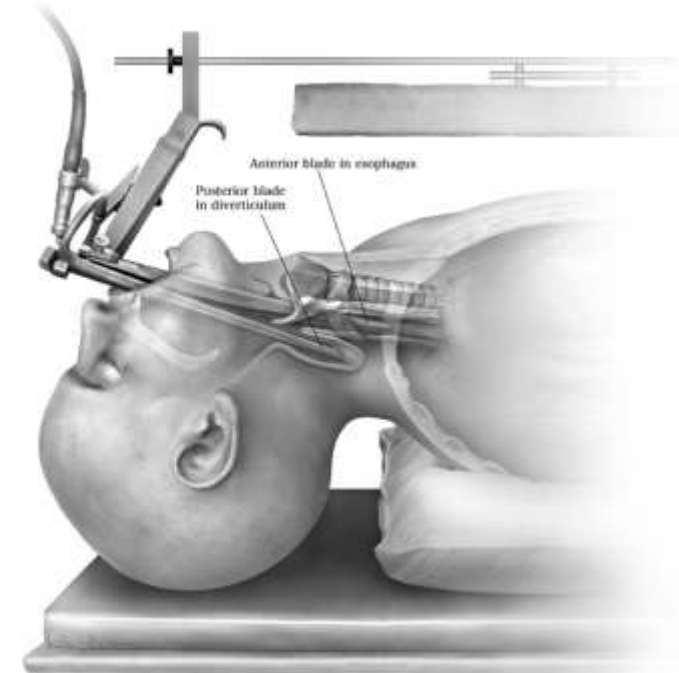
Disclosures

- None

Case Presentation

- Patient is a 74-year-old man with a history of Zenker's diverticulum who was referred to our hospital for recurrent dysphagia. It initially began in 2003 and he has been symptomatic for most of the time since. On occasions, he reports regurgitation of undigested food.

- Past Medical History:
 - Hypertension
 - Diabetes mellitus
 - Hyperlipidemia
 - GERD
- Past Surgical History:
 - Endoscopic staple-assisted esophagodiverticulostomy (ESED) x 2
 - Recurrence of dysphagia within 1 year after each intervention
 - Then referred to second surgeon -> attempted but failed transcervical cricopharyngeal myotomy
- Family History: Non-contributory
- Social History
 - Denies tobacco, alcohol, or illicit drug use



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Diagnostic Imaging

- OSH Esophagram: Prominent esophageal diverticulum that extends posteriorly at the cervicothoracic region consistent with Zenker's diverticulum.

Attempted Z-POEM with Modified Septectomy



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Follow Up

- Esophagram the following day was without any leak and upper/mid-portions of diverticulum had opened up to the lumen



- Patient was seen in clinic 6 weeks later with no further dysphagia and with reported weight gain

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