Dear Editor,

Zenker’s diverticulum (ZD) is a pulsion type diverticulum of the hypopharynx caused by the elevation of pressure within the esophagus and herniation of the esophageal mucosa and submucosa. The peak incidence of this disease is in the seventh to ninth decades and diagnosis is more common in men and elderly patients. The highest prevalence rate is estimated at 2 per 100,000 people. Hiatal hernia and/or gastroesophageal reflux disorder (GERD), male gender and age are risk factors for development of Zenker’s diverticulum. The patients usually present with dysphagia, halitosis, regurgitation, postprandial emesis, chronic cough, aspiration, and/or weight loss. Diagnosis is based on clinical symptoms and confirmed by barium esophagram. Our patient is a 44-year-old man presented with regurgitation, undigested food, halitosis, and on and off dysphagia. Barium swallow showed bisegment diverticulum in posterior part of cervical esophagus with a single neck at the level of C7-T1. Findings were in favor of Zenker’s diverticulum (Figure 1). Bicornuate Zenker’s diverticulum was confirmed by exploration of left side of neck (Figure 2). Diverticulectomy and long segment myotomy were performed. Post operation period was clear.

Figure 1: Barium swallow showed Bicornuate Zenker’s Diverticulum at the level of C7-T1.

Figure 2: Intraoperative photos showed Bicornuate Zenker’s Diverticulum.

Acknowledgment

The authors would like to thank the patient and his wife for their cooperation. We also appreciate copy editing by Dr. Atefeh Yousefi Poordargah.
Conflict of Interest: None declared.


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Received: 20 January 2015
Revised: 21 April 2015
Accepted: 03 May 2015

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