

Prolapse: rare complication of a Zenker's diverticulum

To the Editor: An 89-year-old woman was referred to Grey's Hospital after a coughing spell at home during which she coughed out a tissue mass which appeared to be attached to her pharynx. She had previously been well, complaining only of occasional gastro-oesophageal reflux and episodes of dysphagia. Neither had been severe enough for her to seek medical attention. She had no other history of relevance.

She was relatively fit, with a left lower respiratory tract infection and a long protruding soft-tissue structure lined by mucosa and containing a distal soft-tissue mass attached to her left pharynx (Fig. 1). She had no pain, but did have acute dysphagia. A water-soluble contrast swallow showed only moderate narrowing of the proximal oesophagus.

Under anaesthetic, oesophagoscopy revealed the origin of the protruding tissue mass to be at the cricopharyngeus, establishing the diagnosis of a prolapsed Zenker's diverticulum that was repaired via a left lateral cervical incision. An oesophagostomy allowed the prolapsed Zenker's diverticulum to be returned to its original position. A standard diverticulectomy and myotomy were then performed.



Fig. 1. The patient on presentation.

She recovered well; a contrast swallow after 72 h confirmed restoration of the oesophageal lumen. She was discharged when she could eat a normal diet. The resected diverticulum was found to contain an atypical lipomatous tumour, the lead-point of the prolapse which followed a severe coughing episode.

Recognised complications relating directly to the diverticulum itself are rare and may include fistulation or mediastinitis secondary to iatrogenic perforation, the development of food bolus bezoars,^{1,2} haemorrhage from the pouch secondary to chronic mucosal irritation, and inflammation owing to retained food, NSAIDs or acid reflux. Peptic ulceration within the pouch has also been described.^{3,4}

We believe this to be the first report of a prolapsed Zenker's diverticulum.

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REFERENCES

1. Tsai CJ. Bezoar in a Zenker's diverticulum. *Am J Gastroenterol* 1994;89:944-946.
2. Tolliver BA, DiPalma JA. Zenker's bezoar. *South Med J* 1955;88:751-752.
3. Flicker MS, Weber C. Endoscopic hemostasis in a case of bleeding from Zenker's diverticulum. *Gastrointest Endosc* 2010;71:871.
4. Haas I, Gutman M, Paran H. Massive upper GI bleeding: A rare complication of Zenker's diverticulum. *J Postgrad Med* 2008;54:209-210.