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### Large epiphrenic esophageal diverticulum with concomitant achalasia: a case report

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Epiphrenic Esophageal diverticula (EED) are outpouchings in the distal third of the esophagus and represent an uncommon benign esophageal disease, the rarest of all esophageal diverticula. EED accounts for less than 10% of all esophageal diverticula and are usually found in patients with esophageal motility disorder such as achalasia and diffuse esophageal spasm. The prevalence of EED is 0.06-4% based on radiologic and endoscopic findings. The actual incidence of EED is unknown but the estimated incidence is about 1:500,000/year. Currently, no local data is available because of its rarity. This report describes a 57-year old male, with a 4-year history of progressive dysphagia to both solid and liquid food. Progression of symptom with associated regurgitation prompted consult with his physician. Upper GI endoscopy was initially performed revealing an esophageal diverticulum. CT scan of the chest with contrast confirmed a dilated esophagus with a large diverticulum in its distal third. Barium swallow later on revealed a giant diverticulum approximately 8 cm from the gastroesophageal junction with a tapered beak deformity at the lower esophageal sphincter. All diagnostic exams pointed to the diagnosis of a large EED with concomitant achalasia. Patient was then managed surgically. The large diverticulum was resected employing a laparoscopic transhiatal approach. A Heller's esophagocardiomyotomy with partial (Dor) fundoplication was also performed to treat the achalasia and decrease the incidence of postoperative acid reflux. Patient had resolution of symptoms post-operatively.