

Zenker's diverticulum

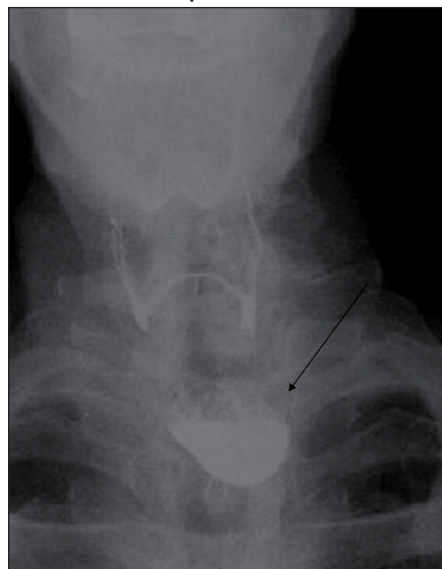
A 78-year-old man presented with a 6-month history of dysphagia, regurgitation of food and weight loss. Nasal endoscopy and plain chest radiography were unremarkable. However, a single contrast barium swallow demonstrated the classical appearances of a Zenker's diverticulum (also known as pharyngeal pouch) (Figures 1 and 2).

Zenker's diverticula occur at the level of C5/6 and usually to the left side, as in this example. They are rare, and predominantly affect elderly Caucasians. The aetiology is thought to involve dysfunction of the cricopharyngeus muscle, resulting in increased pressure in the pharynx and subsequent outpouching between the two parts of inferior constrictor muscle (Killian's dehiscence).

Dr Steve Amerasekera is Specialist Registrar in Radiology, Good Hope Hospital, Sutton Coldfield, Birmingham B75 7RR

This causes chronic aspiration, with subsequent complications such as pneumonia, bronchiectasis, and rarely, squamous cell carcinoma.

Figure 1. Anteroposterior view (arrow indicates Zenker's diverticulum).



The treatment of choice for symptomatic diverticula is endoscopic stapling to remove the common wall between the pouch and the oesophagus (Bates, 2005). **BJHM**

Bates GJ (2005) The pharyngeal pouch: clinical aspects and management. *Br J Hosp Med* **66**(9): 511–15

Figure 2. Lateral view (arrow indicates Zenker's diverticulum).

