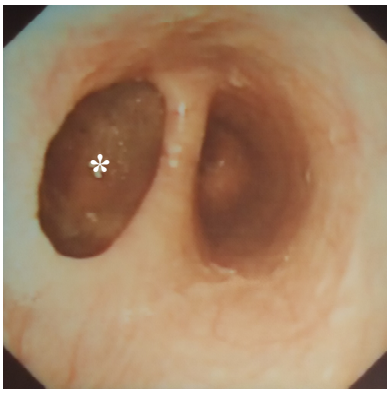
(*Refer to page 78*)

Answer: Traction diverticulum

The barium swallow show a large left traction diverticulum in the lower oesophagus with a wide communication. Oesophageal diverticula can be classified by anatomical location or underlying pathogenesis and morphology. Traction diverticula are true diverticula usually seen in the middle third of the oesophagus. The pathogenesis of traction diverticula is thought to involve pulling forces on the oesophagus, generated by scar tissue from chronic mediastinal inflammation. The diverticulum may enlarge with time due to the continued traction and also the pressure from within as food get trap inside the diverticulum. In the past, this commonly associated with history of pulmonary tuberculosis, histoplasmosis and malignancy. [1] This condition is no longer commonly seen and normally presents in the elderly population. Patients can be asymptomatic or present with dysphagia, postural regurgitation retrosternal pain heartburn and epigastric pain. [1]

The investigation of choice is contrast study; a barium swallow or oesophagogram. In clinical practice, an upper gastrointestinal endoscopy is typically done and this will show a communication (**Panel**). Upper gastrointestinal endoscopy can also detect diverticula but may miss those with a smaller opening and pose a higher risk of perforation when investigating for Zenker's diverticula. [2]



Panel of an upper gastrointestinal endoscopy showing a deep blind pouch (*) of the mid oesophageal traction diverticulum adjacent to the esophageal lumen.

but may miss those with a smaller opening and pose a higher risk of perforation when investigating for Zenker's diverticula. [2]

While asymptomatic diverticula do not need to be treated, general management is exclusively surgical or endoscopic and the specific approach is dictated by the location of the diverticulum. For example, surgical management of a Zenker's diverticulum would include resection and a subsequent cricopharyngeal myotomy to prevent future recurrence. Similarly for mid-oesophageal traction diverticula, surgical resection (diverticulectomy) is appropriate when necessary. [2, 3]

REFERENCES

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3: Michael H, Fisher RS. Treatment of epiphrenic and mid-esophageal diverticula. Curr Treat Options Gastroenterol. 2004; 7:41-52.