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Zenker Diverticulum Treatment: Endoscopic or Surgical?

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Abstract

Introduction: The Zenker Diverticulum is a rare pathology, the selection of patients for invasive treatments is questionable, as well as the applied therapeutic method. The aim of the study is to evaluate the main methods of classical and endoscopic surgical treatment in this pathology and to correlate pathophysiological aspects with clinical consequences.

Material and method: We included 36 patients with Zenker hypopharyngeal diverticulum treated in 2010/2017 in two university clinics: 7 patients by classical surgical approach at the General and Esophageal Surgery Clinic of St. Mary's Hospital Bucharest and 29 patients with endoscopic approach at Department of Diagnostic and Interventional Digestive Endoscopy of the Regional Institute of Hepatology and Gastroenterology Prof Dr Octavian Fodor, Cluj-Napoca. The age of the patients ranged from 42 to 84 years and in the 7th to 15th decade.

Results: Cricopharyngeal myotomy was performed in all patients. Diverticullectomy was performed in 7 patients treated surgically. The average hospitalization duration was 4 days. Intra-procedural complications showed 3 patients treated endoscopically and consisted of laminar haemorrhage. Two patients were treated with endoscopic endoscopic hemostasis and hot pens and one patient had endoscopic hemostasis with clips. The post-procedural complications were: local pain, leukocytosis, melena, fever, cervical hematoma. These post-treatment events were seen in 6 patients. The post-treatment morbidity was 16.66%.

Conclusions: In patients included in the batch, the endoscopic treatment efficiency was 80%. Peristent postinterventional symptomatology was mainly represented by dysphagia, post-procedural syndrome was associated with dysphagia persistence. Patients with persistent post-surgical symptoms were required to reintervention.

Key words: Zenker diverticulum, endoscopic treatment, diverticullectomy, cricopharyngeal myotomy