

## ZENKER'S DIVERTICULUM

### What is Zenker's Diverticulum?

Zenker's diverticulum (ZD) is a condition characterized by a pouch that develops in the upper esophagus in the neck. The pouch can contain food which can cause difficulty or pain with swallowing and bad breath. Cases of ZD are generally categorized as small, intermediate, or large, depending on the size of the pouch. The condition appears more often in men and women older than 50, and affects men more frequently than women.

Treatment of Zenker's Diverticulum requires an interdisciplinary approach that draws on various medical specialties. At BMC, physicians in our Center for Minimally Invasive Esophageal Therapies provide comprehensive, quality care including medical oncology, radiation oncology, thoracic surgery, gastroenterology, pathology, pulmonary medicine and radiology.

### What are the Symptoms of Zenker's Diverticulum?

Symptoms may include:

- Discomfort with swallowing
- Regurgitation of undigested food hours after eating
- Coughing or the feeling of food sticking in the throat after eating
- Aspirating food or liquid that enters the airway and causes choking or bleeding
- Bad breath
- Unexplained weight loss

### What are the Causes?

The cause is most commonly secondary to increased tension in the muscle at the top of the esophagus (called the cricopharyngeus muscle) causing a functional obstruction.

### How is Zenker's Diverticulum Diagnosed?

ZD is generally diagnosed by means of a [shortcode-diagnostics-Barium-Swallow]

Other tests your physician may prescribe for you include:

- **Endoscopy**

You will receive an intravenous sedative and pain medication. Once comfortable, the physician will then examine the area using an endoscope—a lighted tube with a small camera at the end. The physician will be able to view any abnormalities and take a tissue samples (biopsies) if necessary.

- **Esophageal Manometry**

This test measures the pressure inside the lower esophageal sphincter (LES). A thin tube is inserted through your mouth or nose and into your stomach. Once it is in place, the physician will gently pull the tube back into the esophagus and ask you to swallow. As you do so, the pressure and coordination of your muscle contractions will be measured. If the pressure is low or the LES is not relaxing properly, achalasia may be present. If the pressure is low or the LES is not contracting properly, it may indicate GERD (reflux disease).

A physical examination and patient history are also important parts of diagnosis.

### How is Zenker's Diverticulum Treated?

There are currently no medications to treat ZD. Surgery is the main therapeutic approach; however, some small diverticula do not require treatment. Open and endovascular or transoral repair have both been found to be successful.

For open surgery, an incision is made in your neck and the pouch is removed or tacked upside down so it cannot fill—or it is removed completely. An important part of the operation is to cut the muscle just below the diverticulum to prevent recurrence. Most patients must stay in the hospital for one or two days after the procedure.

In endoscopic repair or transoral repair, a stapling device is inserted through the mouth using metal tubes. The muscle between the pouch and the esophagus is divided, thereby making the pouch part of the upper esophagus. This method does not require an incision, is faster, equally effective and reduces the risk of complications, as well as time in the hospital.

Your physician will work with you to determine the best treatment option, according to your unique situation.