

Case Report

Dual Dysphagia - Zenker's Diverticulum With Adenocarcinoma Oesophagus.

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Abstract

Introduction: Zenker's diverticulum is a rare cause of difficulty in swallowing called dysphagia and is not commonly seen in clinical practice. It may present as regurgitation of food, dysphagia, nocturnal cough or bad breath. In contrast, carcinoma oesophagus is common cause of dysphagia but dual dysphagia in combination of it with Zenker's diverticulum is very rare.

Case report: A sixty-year-old man gave five months history of difficulty swallowing along with regurgitation of food after lying down, intermittently associated with sensation of food getting stuck in his throat. He also gave history of food sticking in lower part of chest. The symptoms were prominent with solid food, and led to regurgitation of undigested food after few hours of ingestion of the same. On performing endoscopy, diverticulum was noted in upper oesophagus and completely obstructive ulcerated growth at gastro-oesophageal junction. The biopsies from growth revealed adenocarcinoma. The patient underwent Contrast enhanced computed tomography test which revealed pharyngeal outpouching seen from posterior wall of hypopharynx at C5-6 vertebral level projecting posterior left laterally- suggestive of Zenker's diverticulum. He was advised surgical consultation but he preferred to go to some higher centre for the same and has not reported after that till date.

Conclusion: Our case reports emphasize the need of awareness among health care workers about rare phenomenon of dual dysphagia i.e. ZD with adenocarcinoma oesophagus. Hence, it proves that rare things rarely happen but do happen. The early and timely recognition of same can decrease morbidity and mortality associated with the same.

Keywords: Zenker's diverticulum, Adenocarcinoma, Dysphagia, Regurgitation, Pharyngeal pouch, Endoscopy.

INTRODUCTION

Zenker's diverticulum (ZD) is an outpouching that develops typically in cervical oesophagus at the wall between the pharynx and oesophagus and is characterized by dysphagia, regurgitation of undigested food, halitosis or bad smell from mouth, cough at night time & regurgitation and aspiration pneumonia [1,2]. It is classified by size, typically measured in the craniocaudal direction. The three size classifications are small (up to 2 cm), intermediate (2-4 cm), and large (greater than 4 cm) [3]. It is a relatively rare condition that predominantly affects men, with a prevalence of 0.01% to 0.11% in the general population [2]. The diagnosis is usually made in elderly people after seventh decade of life and seldom before age 40 [4]. The modified barium swallow, which uses contrast video fluoroscopy, is the most crucial imaging modality for diagnosing Zenker's diverticulum [5]. Squamous cell carcinoma (SCC) arising in a ZD is an extremely rare entity. Approximately 50 cases have been reported

worldwide [6]. The incidence of SCC arising in a ZD ranges from 0.3 to 7% [7,8]. Potential complications of ZD include ulceration, perforation and recurrent aspiration pneumonia, all of which can be only managed with surgery. Nevertheless, having a SCC arise in a ZD is a serious complication that needs to be identified early. Therefore, it has been recommended to perform a diverticulectomy in symptomatic patients to reduce the risk of the development of a Zenker carcinoma [9].

CASE REPORT

A sixty-year-old man gave five months history of difficulty swallowing along with regurgitation of food after lying down, intermittently associated with sensation of food getting stuck in his throat. He also gave history of food sticking in lower part of chest. The symptoms were prominent with solid food, and led to regurgitation of undigested food after few hours of ingestion of the same. On performing endoscopy, diverticulum was noted in upper oesophagus and completely

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obstructive ulcerated growth at gastro-esophageal junction. The biopsies from growth revealed adenocarcinoma. The patient underwent Contrast enhanced computed tomography test which revealed pharyngeal outpouching seen from posterior wall of hypopharynx at C5-6 vertebral level projecting posterior left laterally- suggestive of Zenker's diverticulum. He was advised surgical consultation but he preferred to go to some higher centre for the same and has not reported after that till date.

Figure 1. Endoscopy Showing Outpouching of Zenker's Diverticulum.



Figure 2. Endoscopy Showing Ulcerated Obstructive Growth in Lower Oesophagus.

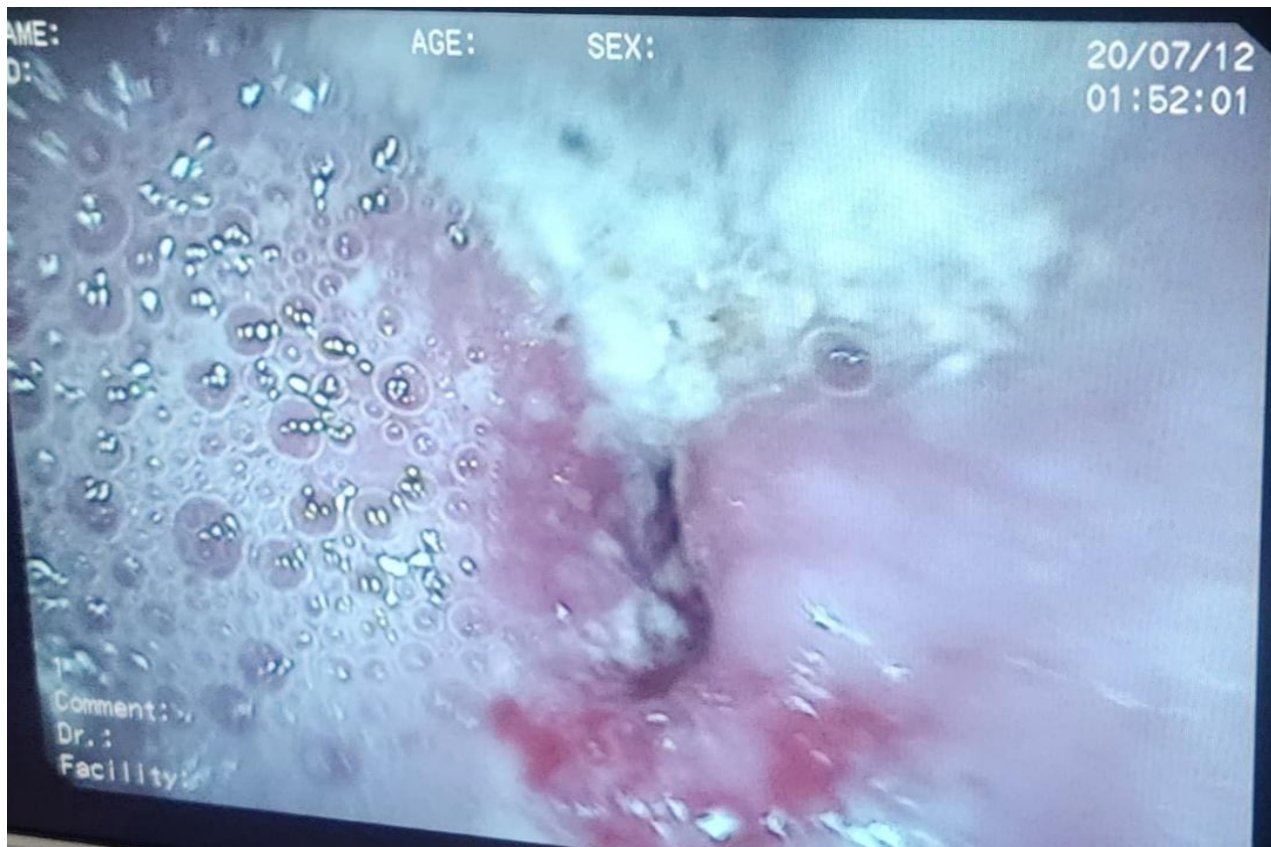
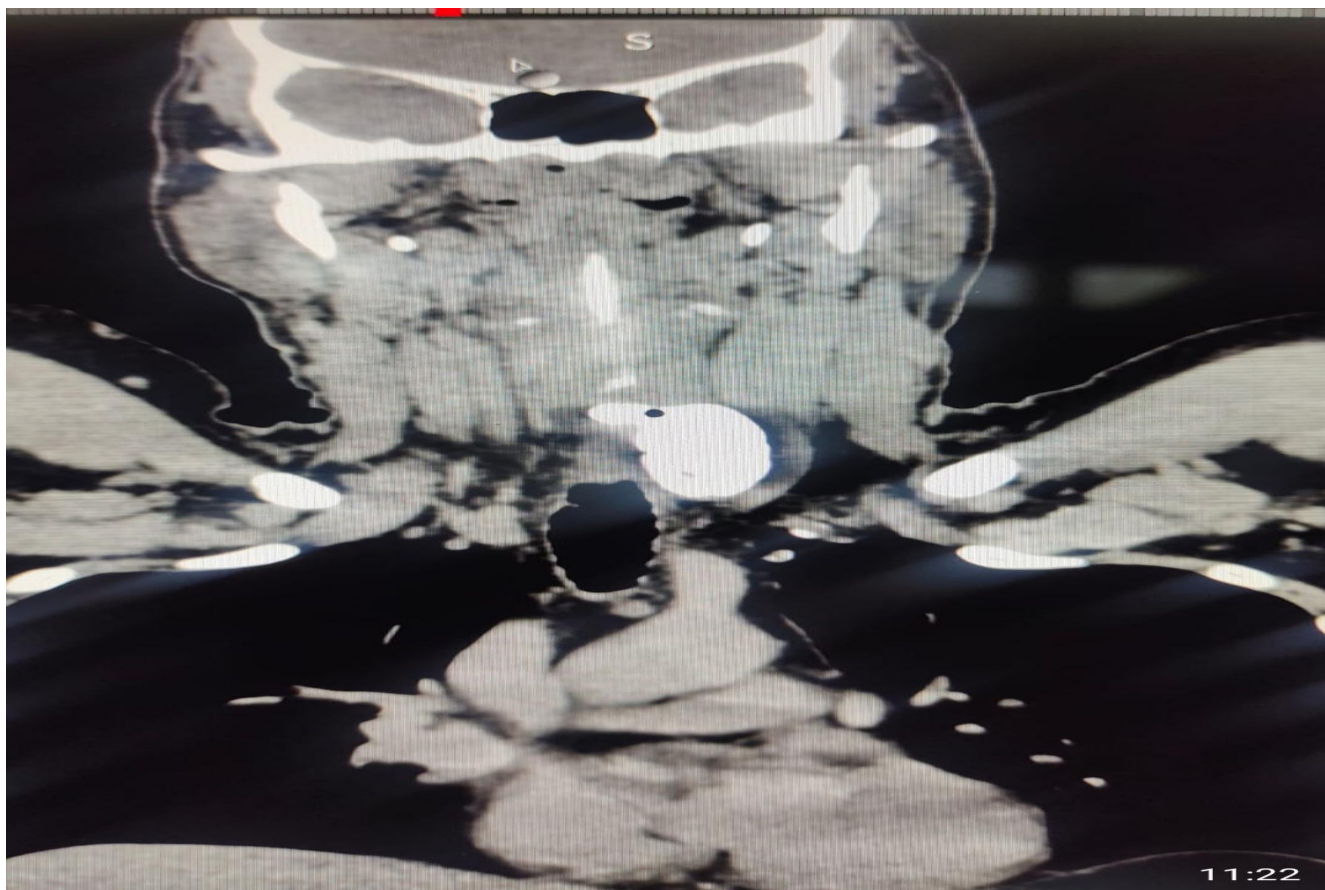


Figure 3. Showing Zenker's Diverticulum in Upper Oesophagus.



DISCUSSION

All reported literature till date reports about rare development of squamous cell carcinoma in Zenker's diverticulum but we tried our level best to see association of concomitant adenocarcinoma of oesophagus at different site then ZD but none case we were able to pin-point. Hence, our case can be the first case report of the same. The history was classical of two different aetiologies i.e. regurgitation of food on changing posture and food was same, as eaten few hours back, this was suggestive of ZD. The second complaint was sticking of food in lower oesophagus and which was gradually progressive and associated with significant weight loss. This was suggestive of growth in lower oesophagus. The same findings were confirmed on investigations like endoscopy, biopsy and CT scan abdomen.

CONCLUSION

Our case reports emphasize the need of awareness among health care workers about rare phenomenon of dual dysphagia i.e. ZD with adenocarcinoma oesophagus. Hence, it proves that rare things rarely happen but do happen. The early and timely recognition of same can decrease morbidity and mortality associated with the same.

Conflict Of Interest

The authors declare that there was no conflict of interest and consent was taken before publication of this case report. Moreover, no financial assistance was taken for the same.

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