

Post-traumatic Iatrogenic Pharyngoesophageal Diverticulum

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Figure 1. Computed tomography images. A: frontal slice. B: axial slice with gastrografin contrast; the air-fluid level can be seen in the diverticulum. C: axial slice without contrast. a: oesophagus; b: left diverticulum; c: trachea; d: air-fluid level with contrast.

Pharyngo-oesophageal pseudodiverticulum is a rare complication that may occur after removal of the plates fixing the cervical vertebrae. We present a case report of interest for the differential diagnosis of dysphagia due to its scant frequency.

Male, 35 years of age, with progressive dysphagia, sensation of blockage on swallowing, regurgitation and coughing after swallowing, over the course of 1 year. After a traffic accident, he suffered sub-luxation of vertebrae C5-C6, C6-C7, treated with vertebral fixation using plates. Two years later, he was subjected to further surgery for their removal by means of an anterior cervical approach and there was oesophageal tearing. ENT examination: salivary stasis in the pyriform sinuses. Pharyngoesophageal transit and CT scan revealed a 2 cm diverticulum at the pharyngoesophageal union (Figure 1). Treatment was surgical with diverticulectomy by left lateral cervicotomy (Figure 2).

The fixation of vertebral bodies is indicated in sub-luxation or fracture. Pharyngeal perforation may occur during surgery and becomes manifest in the immediate post-operative period

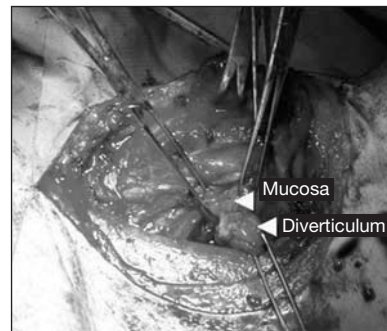


Figure 2. Image of the cervicotomy with visible diverticulum arising out of the pharyngoesophageal union.

or later due to the harm caused by the prominences of the platines. The traumatic effect on the posterior pharyngeal wall would give rise to an area of weakness and might be involved in the formation of a pharyngo-oesophageal diverticulum. It may be formed years after the surgery due to a histological lesion caused to the cricopharyngeal muscle.

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