

A Giant Epiphrenic Esophageal Diverticulum Presenting With Long-Standing Dysphagia: Successful Management With VATS Resection and Omentoplasty

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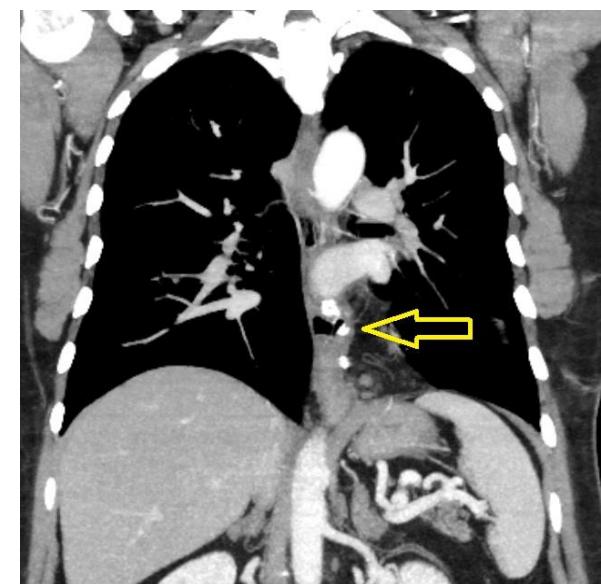
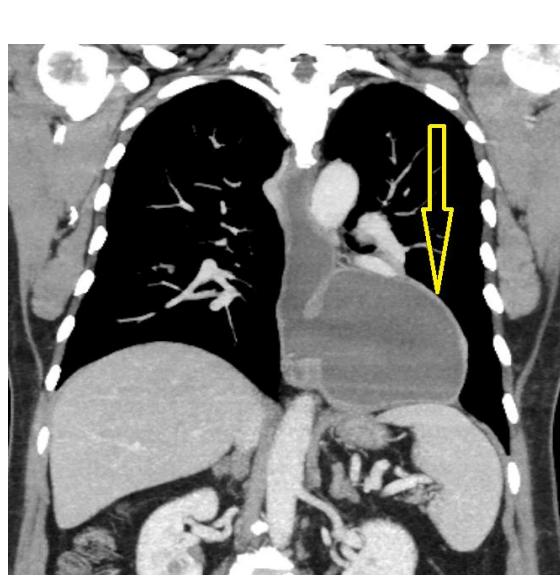
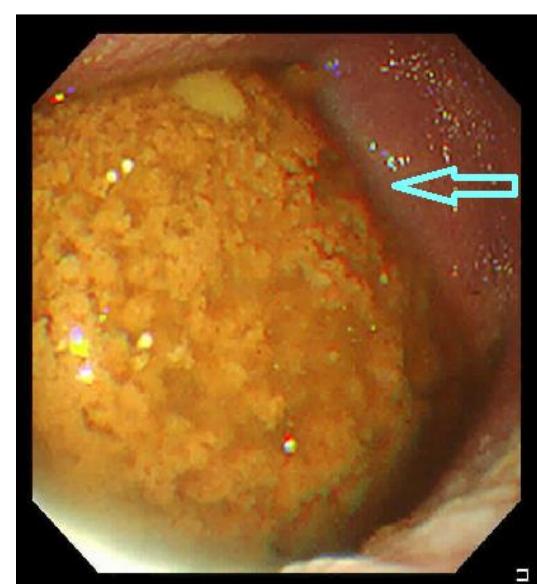
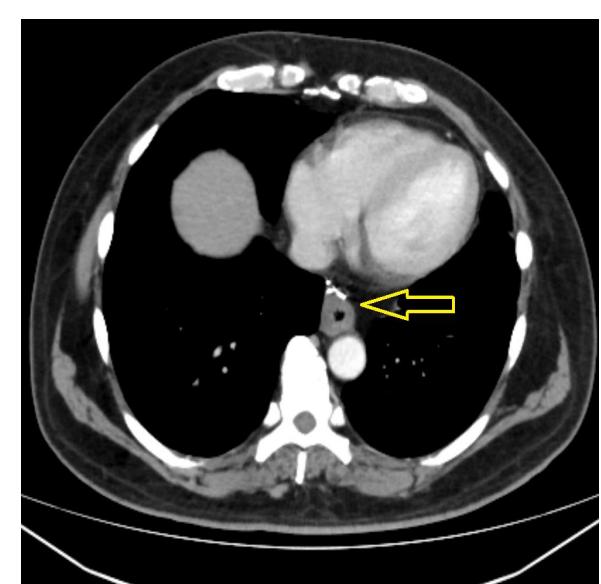
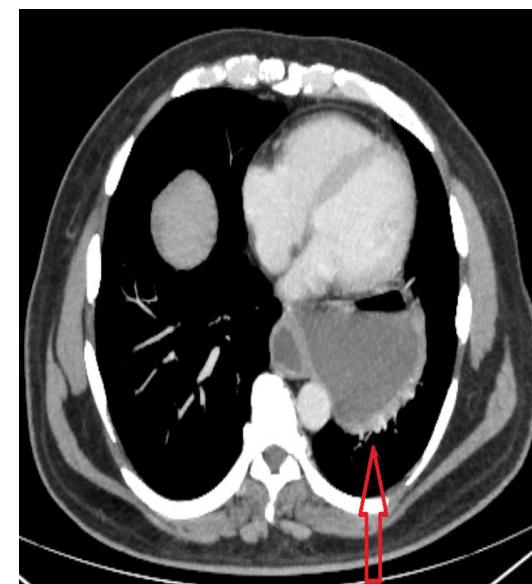
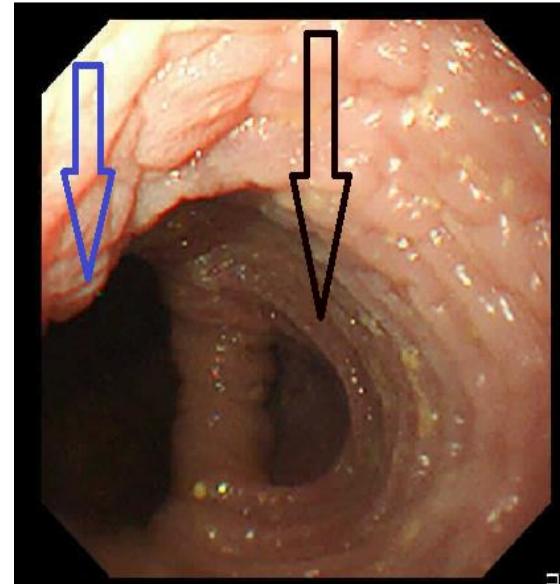
Introduction

Epiphrenic esophageal diverticula are rare pulsion-type outpouchings of the distal esophagus, often associated with motility disorders including achalasia, diffuse esophageal spasm and hypertensive lower esophageal sphincter (LES). The reported incidence is around 10 percent. Large diverticula may lead to progressive dysphagia, regurgitation and respiratory symptoms due to mass effect and aspiration risk.

Case Report

A 53-year-old male presented to our clinic with a 20-year history of progressive dysphagia to solids, regurgitation of undigested food, nausea, bloating, and intermittent vomiting, particularly when lying down post-prandially. He also reported occasional shortness of breath and longstanding gastroesophageal reflux symptoms. There was no history of overt gastrointestinal bleeding, fever, or abdominal pain. Notably, he experienced a 28 kg weight gain over the past year, attributed to a soft/liquid diet.

Workup was done including a barium swallow, endoscopy, CT scan and after preoperative assessment, he underwent "Left VATS and resection of esophageal Diverticulum with Omentoplasty and Feeding Jejunostomy." His post operative course was uneventful and he was discharged on 5th post operative day.



Discussion

Oesophageal diverticula may be either of traction type, being composed of all layers of the oesophageal wall including muscle coat, or pulsion type where the diverticular sac is composed of mucosa alone.

This case highlights:

- The potential for very large diverticula to develop silently over decades
- The role of imaging (barium swallow, CT) and endoscopy in diagnosis
- The value of surgery in symptomatic or large diverticula due to risk of aspiration, perforation, or rarely malignancy
- The safety and efficacy of minimally invasive surgical approaches (e.g., VATS) with adjunctive techniques such as omentoplasty and feeding jejunostomy

Conclusion

This case represents, to our knowledge, the first reported instance of a giant epiphrenic esophageal diverticulum managed successfully with VATS resection and omentoplasty in Pakistan, underscoring the expanding role of minimally invasive surgery in complex esophageal pathologies.

REFERENCES

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