Oesophageal intramural pseudo-diverticulosis
A Iliopoulou, P Iatrikis, J Penston

Citation

Abstract
A case of oesophageal intramural pseudo-diverticulosis is described and the endoscopic and radiological features are presented. The relevant literature concerning this rare disease is reviewed.

CASE REPORT
A 64 year old female was referred by her general practitioner to the gastroenterology clinic with a six month history of progressive dysphagia. She complained that solids, more so than liquids, were being held up at the level of the lower sternum. She also had heartburn, acid regurgitation, nausea and vomiting.

She had a history of coronary artery disease and chronic obstructive airways disease. She had longstanding diarrhoea, which was attributed to colonic diverticular disease, and alcohol-induced chronic liver disease. She was a widow who lived with her son and grandchildren. She smoked 20 cigarettes a day for many years and had abused alcohol in the past. On examination, she had the stigmata of chronic liver disease and chest signs of hyperinflation.

Upper GI endoscopy showed a large hiatus hernia associated with mild oesophagitis and mild patchy non-erosive duodenitis. She was treated with proton pump inhibitors and her symptoms resolved.

Five months later, however, she presented with epigastric pain, weight loss, dysphagia and generalised lethargy.

At endoscopy, the previously noted oesophagitis had resolved but she had developed multiple diverticula throughout the oesophagus (Figs 1a and 1b) and these findings were confirmed on barium swallow. (Figs 2a and 2b)

Interestingly, her GP had organised a barium swallow 5 years previously, presumably for similar problems, which was reported to have been normal.

DISCUSSION
The more common varieties of oesophageal diverticula usually result from either raised intraluminal pressure associated with distal obstruction of the lumen or traction from fibrosis in the mediastinum. They may be true diverticula, involving all the layers of the oesophageal wall, or pseudo-diverticula where the mucosa prolapses through
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This case study demonstrates the typical radiological features of oesophageal intramural pseudo-diverticulosis. In addition, the less commonly observed endoscopic appearances are presented. Finally, it draws attention to the abrupt onset of this condition over a matter of just a few months.

References

Author Information

Amalia Iliopoulou
Department of Gastroenterology, Scunthorpe General Hospital

Ptychion Iatrikis
Department of Gastroenterology, Scunthorpe General Hospital

James Penston, MD
Department of Gastroenterology, Scunthorpe General Hospital