

ZENKER'S DIVERTICULUM

Zenker's diverticulum, more formally known as a hypopharyngeal diverticulum, is a pouch that can form at the junction of the hypopharynx (lower part of the throat) and the esophagus, an area known as Killian's

Triangle. This pouch typically causes problems by trapping food as it is being swallowed, leading to choking and aspiration.

DIAGNOSIS

Zenker's Diverticulum is diagnosed by:

- Upper Endoscopy (EGD): An upper endoscopy is a procedure used to visually examine your upper digestive system with a tiny camera. The camera is at the end of a long flexible tube. This is used to diagnose and treat conditions that affect the upper part of the digestive system. This procedure may be used to further investigate symptoms, to collect tissues samples, or treat the problems.
- **Esophagram:** An esophagram is a procedure is used to exam the esophagus. A physician may request an esophagram may be used to evaluate the patient's swallowing ability, look for bleeding or the cause of bleeding, and check for other health issues.
- **Barium Swallow Study:** A barium swallow study is a special type of imaging test that uses barium and x-rays to create images of the gastrointestinal tact (which includes the back of the mouth, throat, and esophagus). This study will allow the physician to see how you swallow.

SYMPTOMS

The classic symptoms of a Zenker's diverticulum consist of:

- Difficulty swallowing (Dysphagia)
- Feeling a lump or fullness in the throat
- Subsequent regurgitation of undigested trapped food minutes to hours after eating
- Undigested food comes back up
- Cough (Particularly at night)
- Hoarseness
- Bronchitis

This unexpected regurgitation of food can lead to aspiration (food particles entering the windpipe and lungs), and in some cases, pneumonia.

CAUSES

A Zenker's diverticulum typically arises due to tightness of the cricopharyngeus muscle. This muscle makes up the upper esophageal sphincter, and is located just below the level of the voice box. Normally, it relaxes during swallowing to allow food to pass into the esophagus. When this muscle fails to relax, the pressure of swallowing pushes the food against the posterior wall of the hypopharynx, causing it to bulge slightly. The combination of obstruction, pressure and bulging, repeated over thousands of swallows, eventually leads to a permanent bulge or pouch — a Zenker's diverticulum. The diverticulum continues to enlarge as more and more food is pressed into it.

Pacific Neuroscience Institute | 310-829-8701 Playa Vista | 424-443-5530 Saint John's Medical Plaza | 310-829-7792 Torrance | 310-829-7792 West Wilshire Medical Tower | 310-477-5558 11645 Wilshire Blvd. Suite 600 Los Angeles, CA 90025





ROSCIENCE

PACIFIC

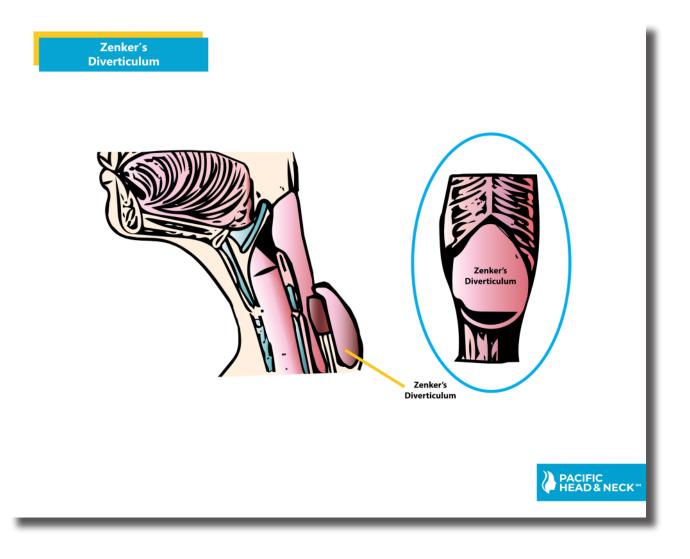




ZENKER'S DIVERTICULUM

TREATMENT

- Surgery:
 - **Zenker's Diverticulectomy:** This is performed under general anesthesia. It may require **1-2** nights in the hospital.
 - Endoscopic Cricopharyngeal Myotomy: This is a minimally invasive approach and has become the primary means to treat Zenker's diverticulum. This approach is through the mouth and avoids external neck incisions. However, not every patient is a suitable candidate; speak with your physician about your candidacy.
- Lifestyle:
 - **Diet:** Adopt a pureed or full-liquid diet by working with a dietician. This option may include reducing the bacterial count in the mouth (take hygiene measures) and eating slowly so the food does not build up in the diverticulum.



 Pacific Neuroscience Institute | 310-829-8701

 Playa Vista | 424-443-5530

 Saint John's Medical Plaza | 310-829-7792

 Torrance | 310-829-7792

West Wilshire Medical Tower | 310-477-5558 11645 Wilshire Blvd. Suite 600 Los Angeles, CA 90025

Visit us at pacificheadandneck.com | pacificneuro.org