270 Mid-Oesophageal Traction Diverticulum in a Patient with Systemic Lupus Erythematosus

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Oesophageal diverticulae are rare out-pouchings of oesophageal wall with a prevalence of 2/100,000 population/year. Known associations of traction diverticula are causes of mediastinal inflammation including tuberculosis, histoplasmosis, anthracosis, sarcoidosis and rarely systemic lupus erythematosus. Two-thirds of oesophageal diverticula are asymptomatic, and they are a rare cause of dysphagia. Most asymptomatic oesophageal diverticula are managed conservatively with surveillance imaging or endoscopy. Symptomatic patients with diverticula >4cm are usually treated surgically due to the increased risk of aspiration pneumonia and malignancy.

In this report, a case of a large mid-oesophageal traction diverticulum in a 66-year-old female with systemic lupus erythematosus has been presented. She was initially managed conservatively with active surveillance for 6 years. When her symptoms progressed, she had repeat endoscopy and computed tomography scan which showed an increase in size of the diverticulum to 6cm in diameter.

Her dysphagia had progressively deteriorated, and she was only managing a liquid diet. She therefore proceeded to resection of the diverticulum by right thoracotomy and stapled diverticulectomy. She made an excellent post-operative recovery and at last review, 5 months after the operation, she was back at work, had put on weight, and was tolerating a normal diet.

Several surgical/endoscopic treatment options exist for management of oesophageal diverticula, and these must be tailored to every individual case. In this case report, we have compared minimally invasive (laparoscopic/thoracoscopic/robotic assisted) and open (transabdominal/transthoracic) techniques. Patients often have a good symptomatic outcome following surgery. Multi-Disciplinary Team (MDT) involvement with dietetic support is important for optimal recovery of these patients.