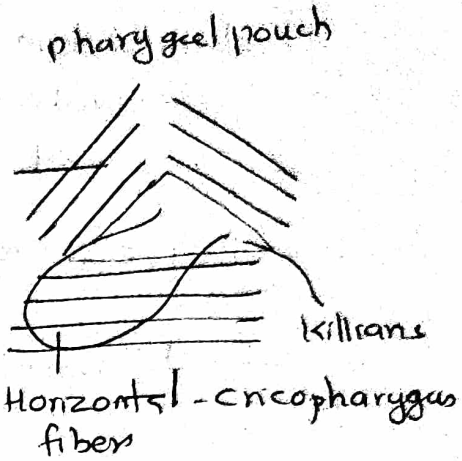
Pharyngeal pouch

→ Zenker's diverticulum.

→ Herniation of pharyngeal mucosa through killians' dehiscene.



Pathophysiology

Inferior constrictor muscle has
- Thyropharyngeus - oblique fibers (Oblique - Thyroid fiber pharyngeus.)
- pseudo cricopharyngeus - Horizontal fiber

B/w these two fibers → Traangle area of dehiscene → killian's dehiscence.

Site: posterior midline.

- out pouching of mucosa through the killian's dehiscence.
  - → pharyngeal pouch / zenker's diverticulum
  - → pesudo diverticulum → only the mucosa is herniating
  - → a.k.a pulse or false diverticulum.

Etiology:

→ Exact is unknown

→ acid / Trigger → spasm of cricopharyngeal Sphincter or incordinated contractions during deglutition. → increase in intraluminal in pharynx pressure

→ Aging → weakness of the muscle
- usually seen after 60 years.

Two other potential areas

Killians jamieson's area
- present laterally b/w cricopharyngeus & outer longitudinal fibers of esophagous.
  - → Below killian's dehiscene
- Laimer's dehiscence
  - present below killian's dehiscence, in the midline below Cricopharyngeus.

Clinical features

- Early symptoms
  - initially few swallow of food preferentially enter diverticulum because
    - → wide mouth.
    - → food does not enter the ~~food~~ stomach → NO satiety
  - → Boyce's sign - swallowing → filling of pouch → Gurgling sound
  - → Late symptoms : pouch get full after few swallows → compress esophagous → Dysphagia.
  - → sleep cough - Patient goes sleep → contents of sac regurgitate into larynx → Patient cough.
  - → Malnutrition, Aspiration pneumonia

Dx - Barium swallow. I.O.C

CT

MRI

Treatment

1. Excision of pouch and cricopharyseal myotomy.
   - myotomy via cervical approach.
2. ~~Both~~ Dohlman's procedure.
   The partion b/w esophagous and pouch is exposed and divided by diathermy through diverticuloscope.
3. Endoscopic laser treatment.