

**MANAGEMENT OF SECONDARY ESOPHAGEAL DIVERTICULUM FOLLOWING ESOPHAGECTOMY**

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**Background:** Anastamotic leak rates after transhiatal esophagectomy have been reported to range from 3 - 30% and drainage is the mainstay of therapy. Successful management of acute leaks often results in stricture formation requiring serial dilations. Infrequently, esophageal diverticula can form at the anastamotic site, and no established management guidelines currently exist.

**Methods:** We report 3 cases of symptomatic secondary esophageal diverticula following transhiatal esophagectomy and describe successful management options.

**Results:** All patients initially underwent endoscopic dilations for symptoms of dysphagia. Esophageal diverticula were identified during these procedures and further characterized with contrast imaging. One patient was managed conservatively with staged endoscopic dilations. Two patients failed dilation therapy and underwent cervical neck exploration with successful treatment by either suture plication or excision of the esophageal diverticulum. There were no operative complications and both patients remain symptom-free on followup. The patient treated non-operatively continues to experience symptoms of mild dysphagia at followup, and not deemed a surgical candidate due to the substernal location of the diverticulum.

**Conclusions:** Secondary esophageal diverticulum is an underreported complication of esophagectomy and can result in severe dysphagia. Initial management includes early endoscopic evaluation with dilation. Contrast studies are useful to identify symptomatic diverticula that may warrant surgical intervention. Surgical treatment of secondary esophageal diverticulum can be performed with low morbidity by either suture plication or excision with satisfactory outcome.