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CLINICAL PHOTOGRAPH

Bilateral hypopharyngeal diverticulum

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A 22-year-old man presented at our ENT clinic with a complaint of a bilateral cervical mass for 1 year with progressive growth more visible during physical exertion.

Physical examination revealed cervical symmetrical bilateral protrusions next to the thyroid cartilage during Valsalva maneuver (Fig 1). Barium swallow study revealed the topography and size of the pouches; bilateral pharyngeal diverticulum was the diagnosis (Fig 2). Protrusions occurred during the pharyngeal phase when the pharynx was full of barium medium contrast, and they disappeared once the pharynx was empty, with no residual mark. The diverticulum was approximately 2 cm wide with a wide isthmus.

Surgery was performed on both sides in different procedures: the left side through an external approach under general anesthesia, and the right side under local anesthesia and sedation through an external approach 2 months after the first procedure. The location of the pouch was facilitated because the patient could perform the Valsalva maneuver upon request. The patient remains asymptomatic.

Figure 1 Patient with cervical symmetrical bilateral protrusions performing Valsalva maneuver.

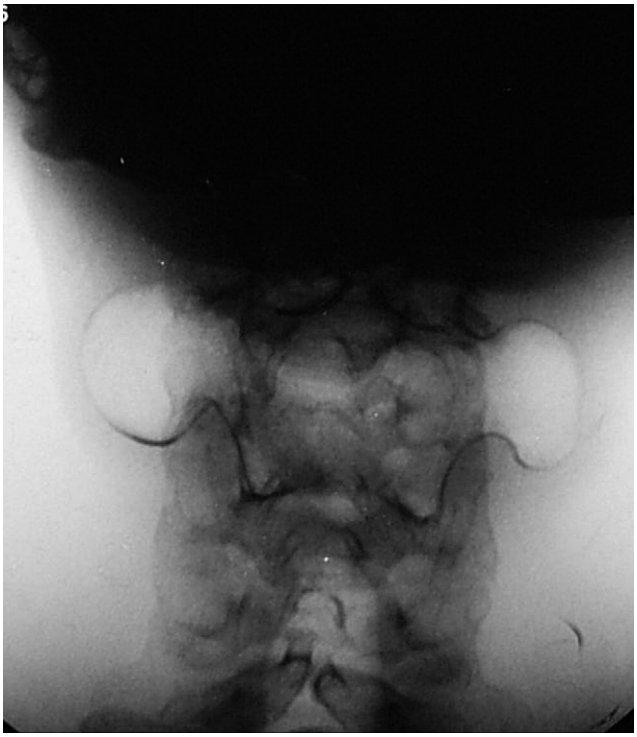

Figure 2 Barium swallow study showing the topography and size of the pouches.

This case is reported with our institutional review board's approval.

DISCUSSION

Lateral pharyngeal pouches and diverticulum represent protrusions most commonly involving the area between the middle and inferior constrictors through the thyroid membrane.[1,2] The diverticulum formations are protrusions that appear as full barium bags, and are variable in size and connected to the pouch by a short neck,[3] as shown in the barium swallow study reported in the case.

Lateral pharyngeal pouches are more common in older people, unlike our report, and are usually unilateral, with

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small dimensions but no sex, volume, or side preference. These pouches can be asymptomatic when small, but usually can cause subjective complaints such as foreign body sensation, hoarseness, globus hystericus, dysphagia, the urge to swallow again, regurgitation of undigested food, worsening in pulmonary symptoms, cervical ache, odynophagia, and suffocation.[1-4]

This entity should be diagnosed with the use of a physiological examination technique such as the video fluorographic swallowing examination,[4] in which the diverticulum can be visualized in frontal radiological images as ears with an isthmus projected at the vallecula level.[1,3]

Surgery is the treatment of choice only in symptomatic patients and can be performed by either an external or endoscopic approach with or without the use of staplers.[1]

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AUTHOR CONTRIBUTIONS

José Antonio Pinto, writer; **Valéria Brandão Marquis,** writer, data collection; **Luciana Balester Mello de Godoy,** data collection; **Eduardo Nogueira Magri,** data collection; **Michelle Villa Flor Brunoro,** data collection.

DISCLOSURES

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