

Clinical Image

A Case Report of an Adult With Coexistence of Tracheal and Esophageal Diverticulum

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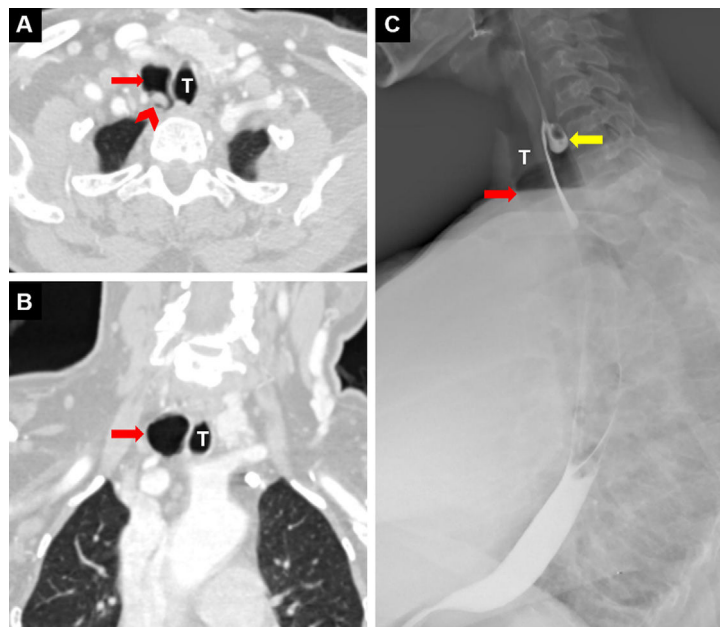


Fig. 1. Thoracic computed tomography (CT) axial (A) and coronal (B) section reveals tracheal diverticulum (red arrow) and mucus secretion within the diverticulum (arrowhead). Barium esophagogram (C) reveals esophageal diverticulum proximally (yellow arrow) and anteriorly air from tracheal diverticulum (red arrow). T: trachea.

A 71-year-old female presented with intermittent cough and gastroesophageal reflux. In a patient with a diagnosis of toxic multinodular goiter, radiologic examination revealed an appearance compatible with tracheal and esophageal diverticulum (Fig. 1). The patient underwent thyroidectomy and simultaneously the tracheal diverticulum sac containing mucoid secretions was completely resected. Minimal air leakage from the diverticulum and tracheal connection was repaired with absorbable suture. The esophageal diverticulum was not excised because it was small and clinically asymptomatic.

Tracheal diverticulum is rare and slightly more common in women, with a maximum diameter ranging from 2.0 to 44.0 mm.¹ Esophageal diverticula are typically diagnosed in the elderly and occur in less than 1% of the population. A pulsion diverticulum of the esophagus is formed when there is an increase in intraluminal pressure in a weak area causing herniation of the esophageal wall.² The co-existence of tracheal and esophageal diverticulum is a very rare clinical entity as in the present case.

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Conflict of interest

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