Esophageal Diverticulum with Idiopathic Pulmonary Upper Lobe Fibrosis

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Key words: esophageal diverticulum, idiopathic pulmonary upper lobe fibrosis, pneumothorax, cystic opacity

(Intern Med 52: 159, 2013)

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A 75-year-old man with idiopathic pulmonary upper lobe fibrosis (IPUF) presented with a history of weight loss, hoarseness, dry cough, chest discomfort and swallowing difficulties. He had a bilateral pneumothorax and was treated conservatively (Picture 1). Chest CT showed collapse and fibrotic changes in both upper lobes and a cystic opacity in the right lung (Picture 2). We diagnosed latent aspiration pneumonia as the cause of the patient’s swallowing difficulty and conducted a videendoscopic examination of his swallowing function. Rehabilitation was initiated under the suspicion of laryngeal dysfunction; however, no symptomatic improvements were noted. Esophagogastroduodenoscopy showed the segmental dilatation of the esophagus between 25 and 30 cm from the incisor. Esophagography revealed a giant esophageal diverticulum (Picture 3). Consideration: The clinical course of IPUF is characterized by repeated episodes of pneumothorax. The reason for this phenomenon is unclear; however, an esophageal diverticulum may be created by pulling on a weak portion of the esophagus due to repeated pneumothorax formation.

The authors state that they have no Conflict of Interest (COI).