

## PS2.158

### Whispering pain

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**Background & Aim:** A 59-year-old Caucasian man with a history of hypertension and psoriasis. He does not report any toxic habits, nor other relevant history. About six months ago he came to the health center complaining of dysphagia, also in the last six months he has experienced a difficulty in speaking, a burning sensation and regurgitation. Physical examination: dysphonic speech and gurgling sounds after neck palpation (this is known as Boyce sign). Normal cardiopulmonary auscultation. The neurological examination was normal.

**Method:** EKG: sinus rhythm, heart rate of 72 beats per minute, axis at 45 without acute changes in repolarization. Blood general analysis was normal. Plain radiograph of neck showed a triangular lucency in the prevertebral tissues, with the apex at the level of the cricoid cartilage. Esophagram barium: posterior midline pouch arising just above the cricopharyngeus muscle. Gastroscopy with biopsy: esophageal tissue and lamina propria with vascular congestion.

**Results:** Diagnosis: Zenker's diverticulum. Differential diagnostic: cricopharyngeal achalasia, Charcot-Marie-Tooth with structural malformation, Plummer-Vinson syndrome, esophageal cancer.

**Conclusions:** Zenker's Diverticulum is an uncommon disease. It is an esophageal pouch that develops in the upper esophagus that causes debilitating dysphagia and regurgitation of food. It is more common in males and in the elderly, between seventy and ninety years old. Secondary consequences and potential complications of Zenker's Diverticulum include pneumonia secondary to aspiration, medication ineffectiveness, malnourishment and unintentional weight loss. Therefore, an early diagnosis is very important in primary care. The only treatment is surgical and is recommended to be performed in all patients because almost all of Zenker's diverticulum grow over time.

