

Dysphonia: An Unsung Clue to Pseudodiverticulum

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Received: 14 March 2020

Accepted: 27 May 2020

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DOI 10.5001/omj.2021.52

An 81-year-old gentleman with multiple comorbid presented with two-year history of dysphonia. Patient has visited multiple clinics with no avail. Patient also has occasional foreign body sensation which was not bothersome. Besides that, there were no constitutional symptoms, no regurgitation or halitosis. No cough, dysphagia or neck swelling were mentioned. Examination revealed hoarse voice with no audible stridor. His vital signs as well as baseline blood investigations were within normal parameters. Oral cavity and neck examinations were unremarkable. No neck swelling was demonstrated upon Valsalva manoeuvre. Flexible nasopharyngolaryngoscopy performed showed mild subcordal oedema with no suspicious lesion. Barium swallow was demonstrated bilateral outpouching of the hypopharynx, larger on left (Fig.1).

QUESTION

What is the most likely diagnosis?

- A. Laryngocele
- B. Saccular cyst
- C. Laryngeal malignancy
- D. Pharyngeal pouch

ANSWER

D. Pharyngeal pouch

Options of treatment were discussed with patient along with the complications. Patient opted for conservative management weighing the devastating complications. Patient is currently being followed-up regularly with no worsening symptoms.

DISCUSSION

Pharyngeal pouch (PP) a pseudodiverticulum, is protrusion of pharyngeal mucosa through Killian's dehiscence; weak area in posterior wall of pharynx. Albeit unknown, recent aetiology is associated with improper relaxation of cricopharyngeal muscle upon swallowing¹. Classical presentation of PP includes dysphagia, regurgitation of undigested food, chronic cough, halitosis and weight loss. Hoarseness has been reported sparsely². Symptoms becomes commensurate with the growing PP³. Additionally, rapid progression or severity of symptoms caveats malignancy⁴. PP can either be posterior, posterolateral or lateral with posterior being the most common type³. Presence of aperture at Killian's dehiscence has been advocated as the attribute, albeit dual PP has been described⁵. It is interesting to note

that, laterality of the entity is related to the handedness of the patient, despite left side being the most common ⁶.

Barium swallow is considered sine qua non in diagnosing PP and has been reckoned as gold standard as it outlines the pouch. Clinical findings are scarce upon presentation. Boyce sign; neck swelling which gurgles upon palpation, is oftentimes regarded a proxy of this entity. Surgery is the main mode of treatment either via external or endoscopic approach. Each of the surgery carries daunting risk and complications. It should be borne in mind, as patients with PP are generally elderly with multiple comorbid, close observation ought to be exercised weighing the significant mortality and morbidity which accompanies this entity ².

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