An unusual view of a pharyngeal pouch

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DESCRIPTION

An 86-year-old man presented to accident and emergency with symptoms and signs of a lower respiratory tract infection. He had a history of severe dysphagia and regurgitation of food associated with two-stone weight loss and a significant reduction in quality of life. The patient was well apart from recent coronary artery bypass graft surgery. He was treated successfully for aspiration pneumonia and a subsequent chest X-ray revealed a mediastinal fluid level consistent with a possible pharyngeal pouch (figure 1).

The patient was referred to the Ear, Nose and Throat clinic. Full examination of the head, neck and oral cavity (including flexible nasoendoscopy) revealed no abnormalities. A barium swallow confirmed a large pharyngeal pouch (figure 2). The patient went on to have successful endoscopic stapling of the pharyngeal pouch with an improvement in symptoms.

Pharyngeal pouches typically occur in patients aged over 70 years1 and can present with dysphagia, regurgitation, chest infections, aspiration, halitosis and loss of weight.1, 2 A barium swallow usually diagnoses a pharyngeal pouch.2 Pharyngeal pouches are managed with endoscopic stapling or open surgery.3

While a barium swallow test is the gold standard radiological investigation for a pharyngeal pouch, this unusual case illustrates the versatility of a plain chest radiograph in demonstrating a variety of pathology.

Learning points

▸ A pharyngeal pouch is an important cause of dysphagia in older patients that can present with a variety of symptoms (including chest infections, weight loss and halitosis).
▸ The gold standard investigation for a pharyngeal pouch is a barium swallow test.
▸ This case demonstrates the versatility of a plain chest X-ray in identifying a range of pathologies.

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REFERENCES
