Endoscopic retreatment of Zenker’s diverticulum using novel endoscopic scissors - The Clutch Cutter device

Keywords: Zenker’s diverticulum. Endoscopic treatment. Cricopharyngeal myotomy.


Dear Editor,

The treatment of Zenker’s diverticulum by flexible endoscopy consists of a myotomy of the cricopharyngeal muscle. The procedure is considered to be feasible, effective and safe (1-4).

Case report

This report describes the novel use of a Clutch Cutter® device to perform flexible endoscopic retreatment of a symptomatic recurrence after previous treatment using a Needle knife in a 68 year old woman with symptoms of dysphagia for solids.

The Clutch Cutter® (DP2618DT-35, Fujifilm, Tokyo, Japan) device was originally developed for endoscopic submucosal dissection (5). This device can grasp and cut a piece of tissue with an electrosurgical current. It has a 0.4 mm wide and 3 mm long serrated cutting edge to facilitate the grasping of the tissue. The forceps can be rotated to the desired orientation. The diameter of the forceps is 2.7 mm and is available for standard endoscopes with a working channel width of 2.8 mm or more.

We used a fujinon standard gastroscope and a coagulation current of 30W created by an electrosurgical generator (ICC 200; Erbe, Tübingen, Germany) for electrocautery.

The endoscope was placed in front of the septum (without overtube) (Fig. 1A), the scissors were opened and the septum of the Zenker’s diverticulum was cut without bleeding or perforation (Fig. 1B and C). The procedure was completed by placing endoclips (Resolution Clip, Boston Scientific, Massachusetts, USA) at the base of the dissection (Fig. 1D).

The patient progressed well and was able to tolerate liquids and a pureed diet satisfactorily within 24 hours. The patient then progressed to a regular diet the following five days with no symptoms of dysphagia.

Fig. 1. Endoscopic views of the steps involved in the treatment showing: A. The cricopharyngeus muscle, with the esophageal lumen above and the lumen of the diverticulum below. B. The Clutch Cutter grasping and cutting the muscle fibers (without overtube). C. The appearance after the diverticulotomy with the Clutch Cutter. D. Endoclips placed at the bottom of the diverticulum.
Discussion

This case shows that endoscopic treatment of Zenker’s diverticulum using a Clutch Cutter is an easy, fast, safe and efficient alternative for retreatment of a Zenker’s diverticulum. Therefore, this technique should be considered for endoluminal, minimally invasive retreatment of Zenker’s diverticulum.

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References