

Killian-Jamieson Diverticulum

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A 74-year-old man presented to the emergency department with increasing dysphagia with solid foods during the past 4 weeks. He admitted to regurgitating particles of food that had been swallowed only hours before. He denied dysphagia with liquids, nausea, vomiting, hematemesis, and abdominal pain. A fluoroscopic esophagram revealed an anterolateral cervical outpouching consistent with a Killian-Jamieson diverticulum, seen from an anteroposterior view (image A, arrow) and a lateral view (image B, arrow). The patient died before treatment.

Killian-Jamieson diverticula are characterized by an outpouching through a muscular gap in the anterolateral wall of the proximal cervical esophagus. The pathogenesis is unclear, and it is rarer than Zenker diverticulum. Differentiation can be made with barium contrast esophagographic or endo-

scopic evaluation. Common symptoms include dysphagia, cough, and epigastric pain. The primary treatment option is repair, either surgically or endoscopically, and should only be offered to patients who are symptomatic or who have large diverticula. (doi:10.7556/jaoa.2015.141)

Suggested Reading

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3. Boisvert RD, Bethune D, Acton D, Klassen DR. Bilateral Killian-Jamieson diverticula: a case report and literature review. *Can J Gastroenterol*. 2010;24(3):173-174.

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