A 55-year-old man presented with a 10-year history of progressive dysphagia, mainly for solids. He had previously undergone two unsuccessful attempts at an endoscopic diverticulotomy at another institution. Because of his persistent dysphagia, contrast radiography of the esophagus and upper gastrointestinal endoscopy were performed, and a 5-cm Zenker’s diverticulum was identified. A new flexible endoscopic procedure was proposed for the patient, which consisted of transoral stapling of the diverticular septum using an Echelon Flex stapler (Ethicon, Cincinnati, Ohio, USA) while traction on the septum was maintained with two stitches. Although several cutting devices are available to dissect a diverticular septum, it remains unclear which procedure is safer and more efficient [1]. Stapling has the advantage of transecting the diverticulum and simultaneously sealing the wound edges [2]. However, it may lead to incomplete sectioning of the septum and diverticular recurrence, as had happened in our patient. In order to avoid incomplete sectioning of the septum, we placed two traction stitches at the edge of the septum, using a mini-laparoscopic needle holder (E705R; Ethicon) while traction on the septum was maintained with two stitches. Good long-term results have been described for the transoral stapling technique using stitch traction of the septum by some authors [4]; however, in these reports, traction stitches were placed with a rigid scope [5]. To the best of our

**E-Videos**

**Video 1** Endoscopic Zenker’s diverticulotomy is performed using a flexible diverticuloscope, which enables two traction stitches to be placed at the edge of the septum, before the stapler is used to section the septum. Source for illustration: Angela Giseli de Souza.

**Fig. 1** Photographs showing: a the stapler used; b the minilaparoscopic needle holder.

**Fig. 1a** The stapler used.

**Fig. 1b** The minilaparoscopic needle holder.
knowledge, this is the first report of the placement of a traction stitch on the septum through a flexible diverticuloscope. Further studies are necessary to demonstrate the efficacy of traction stitch placement with a flexible diverticuloscope in reducing diverticular recurrence.

Endoscopy_UCTN_Code_TTT_1AO_2AG

Competing interests
None

The authors
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DOI https://doi.org/10.1055/a-1027-6316
Published online: 2019
Endoscopy
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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Fig. 2 Illustration showing: a the minilaparoscopic needle holder introduced through an overtube under endoscopic vision; b, c placement of one stitch in the septum; d the final appearance of the two traction stitches placed in the diverticulum septum. Source: Angela Giseli de Souza.

Fig. 3 Illustration showing how the stapler is placed in the pharynx, with one blade in the esophagus and the other in the Zenker’s diverticulum. Source: Angela Giseli de Souza.