Endoscopic fenestration of esophageal duplication cysts

The esophageal duplication cyst is an unusual congenital disorder of the foregut, accounting for 10%–15% of duplications of all foregut cysts [1]. Up to 80% of esophageal duplication cysts are diagnosed in childhood and symptomatic cysts in adults are very rare [2]. Although surgical excision provides definitive treatment, we report two patients with esophageal duplication cysts successfully treated endoscopically.

Both patients (a 51-year-old man and a 32-year-old woman) were admitted to our hospital because of recent development of dysphagia for solid food. Esophagogastroduodenoscopy (EGD) and esophagography demonstrated a protruding submucosal lesion in the lower third of the esophagus (Fig. 1). Endoscopic ultrasound demonstrated a hypoechoic lesion arising from submucosal/muscular layer as demonstrated by endoscopic ultrasound (EUS) (Fig. 2). A follow-up EGD demonstrated epithelialization of the posterior wall of the esophageal duplication cyst (Fig. 4).

Small, pedunculated esophageal duplication cysts, located superficially, can be completely resected with a standard polypectomy snare [4]. However, for large duplication cysts buried deeper into esophageal wall, we propose careful fenestration with the IT-knife to avoid deep injury once the cyst has been emptied. Resection of the entire length of the cyst wall is essential, since partial incision can lead to recurrence of symptoms [5]. We believe that this report provides additional evidence of the safe and effective endoscopic treatment of esophageal duplication cysts.

Competing interests: None
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