A 72-year-old lady presented for evaluation of dysphagia and endoscopic ultrasound (EUS) staging of lung cancer. Upper endoscopy showed a short-segment, non-traversable stricture at the upper third of the esophagus. Examination after balloon dilation revealed inflamed mucosa with adherent whitish plaques, and multiple tiny diverticular orifices throughout the esophagus (Fig. 1).

Endosonographic examination using a linear echoendoscope (EG-3830; Pentax Corp., Tokyo, Japan) was performed for assessment of the esophageal lesion and staging of lung cancer. A thickened mucosa and submucosa with multiple acoustic air reflections due to gas collection inside the diverticula was shown (Fig. 2, Video 1).

The muscularis propria was intact. Mucosal biopsy confirmed chronic inflammation and Candida infection. The symptoms resolved with endoscopic dilation and antifungal treatment. The patient subsequently underwent an uneventful operation for squamous carcinoma of the right lung.

Endoscopy_UCTN_Code_CCL_1AB_2AC_3AF

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Linear endosonographic appearance of esophageal intramural pseudodiverticulosis

Fig. 1 Endoscopic view showing inflamed esophageal mucosa with adherent whitish plaques. Multiple small diverticular orifices were noted throughout the esophageal wall.

Fig. 2 Linear endoscopic ultrasound showing a thickened mucosa and submuco−sa with multiple acoustic reflections due to gas pockets in the diverticula. The muscle layer was intact.