Novel endoscopic scissors for the treatment of Zenker's diverticulum

Figure 1. **A**, Septum of Zenker's diverticulum isolated through use of an overtube. **B**, Standard-type stag beetle knife with a 7-mm blade used for initial dissection. **C**, Change to short-type knife with a 6-mm blade for further dissection. **D**, Myotomy completed with junior-type knife (3.5-mm blade). **E**, Two clips placed prophylactically at completion of the myotomy.

A Zenker's diverticulum, although infrequently encountered, is important to recognize because of the available endoscopic treatment options. We present a case of a symptomatic Zenker's diverticulum treated with novel endoscopic scissors.

Written transcript of the video audio is available online at www.VideoGIE.org.

A 70-year-old man was referred to our institution for management of a Zenker's diverticulum after a 6-month history of intermittent regurgitation ([Video 1](http://www.VideoGIE.org), available online at www.VideoGIE.org). The initial endoscopy and subsequent barium swallow confirmed

a 4-cm saclike outpouching in the cervical esophagus. Our endoscopy confirmed the presence of the diverticulum. A wire was advanced into the stomach through the endoscope to facilitate the placement of an overtube. Once in position, it exposed the thick septum between the diverticulum and cervical esophagus (Fig. 1A).

A stag beetle knife (Sumitomo Bakelite, Tokyo, Japan), a fully rotatable electrosurgical grasping scissor, was used to perform the myotomy. All 3 knife sizes were used in this case —(standard type [7 mm], short type [6 mm], and junior type [3.5 mm])— to demonstrate the advantages of each size (Figs. 1B-D), although a case can usually be performed with a single size. After completion of the myotomy, 2 clips were prophylactically placed (Fig. 1E). The procedure was completed in 14 minutes, and the patient was discharged home the same day after an uneventful

recovery. At follow-up, the patient had a complete response with no further symptoms of regurgitation.

DISCLOSURE

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