Clinical Image

An 85-year old presented with severe pneumonia and reflux esophagitis. He had recently progressively vomit and dysphagia for about ten months. Barium contrast esophagography showed large esophageal diverticulum concomitant achalasia (Figure 1A). After drug treatment and esophageal stent implantation for two months, he switched to catheterized nasal feeding tube, and he was able to receive endoscopic treatment. A gastrografin-contrast study followed by computed tomographic scan were confirmed before endoscopic treatment (Figure 1B and C). He was successfully managed by peroral endoscopic myotomy (POEM) and endoscopic operation for both achalasia and large esophageal diverticulum (Figure 1D). He underwent oesophageal gastrografin-contrast study soon after the procedure, which verified no perforation and smooth passage through the gastroesophageal junction. His symptoms abated, and he was discharged after oral refeeding on the ninth day of hospitalization.