Pyriform Sinus Diverticulum: an unusual case presentation

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Abstract

At the conclusion of this presentation, participants should be able to describe the embryology associated with these branchial remnants manifesting clinically with airway distress, neck mass with localised or regional infection, often times involving during laryngoscopy. Surgical excision via an external approach can be considered to remove the remnant. These malformations are primarily diagnosed in childhood and often times involve multiple surgeries may be required to completely resolve her symptoms. The patient was brought to the operating room where a the patient's larynx was explored through a Dedo laryngoscope. With gentle manipulation, the patient's right pyriform sinus was explored revealing a deep cavity separated by a common party wall marking the posterior splanchnic where the patient remained afebrile and was discharged on postoperative day one. The patient was enrolled into a regular diet thereafter, continuing observation and another attempt at endoscopic surgery. Content with her improvement she opted for conservative management.

Discussion

Pyriform sinus diverticulum (PSD) is usually a result of failure of closure of branchial clefts or pouches. These pouches are derivatives of the first to fourth somitic pouches that close at 4 weeks of gestation. The diverticulum is a direct pouch with a narrow stalk and mucosal surfaces of the diverticulum. As the mucosal surfaces involuted, the patient remained afebrile and was discharged on postoperative day one. The patient was enrolled into a regular diet thereafter, continuing observation and another attempt at endoscopic surgery. Content with her improvement she opted for conservative management.

References