

### Traumatic Pharyngeal Pseudo Diverticulum



Fig. 1. Anteroposterior view of barium study in Case 1.

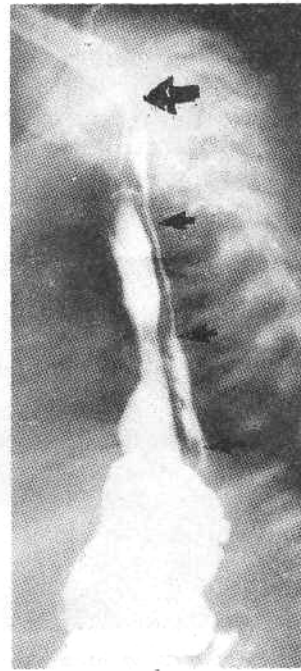


Fig. 2. Lateral view of barium study in Case 1.

An 8-day-old baby presented with features of regurgitation of feeds. Gross gastroesophageal reflux was diagnosed and treated by fundoplication. Postoperatively choking on feeds was noticed and a barium study was carried out on the 10th postoperative day (Figs. 1 & 2). In the anteroposterior view (Fig. 1), esophagus was superimposed over and almost completely hiding the dorsally located traumatic pharyngeal pseudo diverticulum (TPPD) (arrow). Lateral view (Fig. 2) demonstrated the entire extent of TPPD (arrow-heads) which was placed parallel and behind the normal esophagus with the caudal end

reaching upto the level of diaphragm while the cranial end (arrow) opened into the posterior pharyngeal wall above the level of cricopharynx, *i.e.*, C6-C7. Figures 3 & 4 depict the barium study carried out in a 30-day-old baby who had presented with history of choking on feeds. Perinatally, the child had a difficult per vaginal breach delivery. Anteroposterior view (Fig. 3) shows a large cavity with irregular margins displacing the esophagus to the right. In the lateral view (Fig. 4) TPPD is located behind the esophagus with the cranial end opening (arrow) above the cricopharynx (C6-C7) into the posterior pharyngeal wall.

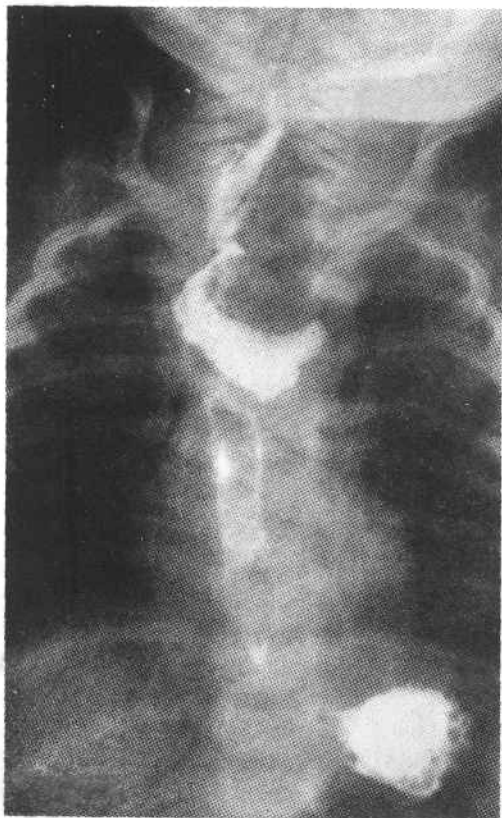


Fig. 3. Anteroposterior view of barium study in Case 2.

TPPD is the sequelae of trauma of the posterior pharyngeal wall above the level of cricopharyngeus (C6-C7) due to a number of possible mechanisms during or after the delivery. Two types are recognized; the submucous type (*Figs. 1 & 2*) and the type with perforation into the surrounding tissues (*Figs. 3 & 4*). Clinically the condition may be confused with esophageal atresia, H-fistula or may present with respiratory distress. For its documentation,, barium swallow rather than tube esophagogram should be performed because its opening is above C6-C7 level and may be completely missed with the latter procedure.

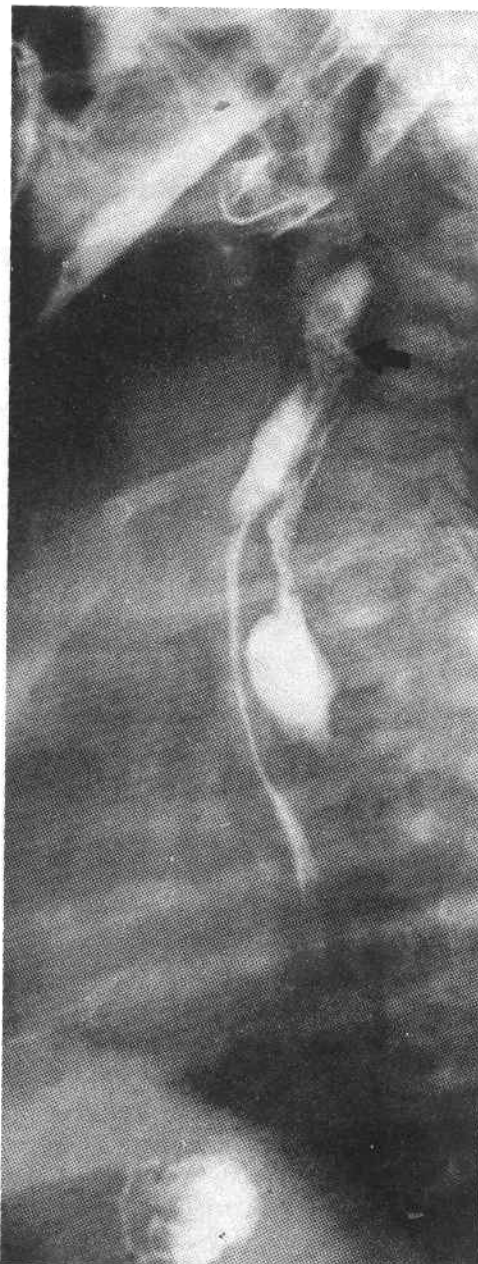


Fig. 4. Lateral view of barium study in Case 2.

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