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KEYWORDS

symptoms.

Esophageal Epiphrenic Diverticulum; Esophageal Myotomy; Belsey Mark IV

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thoracotomy, the esophagus was mobilised from the hiatus to the aortic arch. The necks of the diverticula were localised in the posterior wall and between them there was a bridge of circular muscular fibres, which was divided. Diverticulectomy over an intra-esophageal 54 F Maloney dilator was performed. The upper diverticulum was left intact because it disappeared after the bridge of esophageal muscles has been myotomized. A long myotomy was carried out, and a modified Belsey fundoplication was added. The postoperative course was uneventful, and the patient remains well at 10 years with no recurrence of

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