

## ■ Sequential surgeries for aortic valve fibroelastoma and Zenker's diverticulum within two months: a rare clinical course

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The case of a 78-year-old man is described, in which the fibroelastoma was addressed first due to its high thromboembolic risk, followed by the treatment of Zenker's large esophageal diverticulum within two months. The patient was found to have a fibroelastoma of the aortic valve during a routine echocardiogram. A papillary fibroelastoma is a benign primary heart tumor. Approximately 95% of these tumors are located on the left side of the heart. Papillary fibroelastomas are associated with an increased risk of embolic strokes. They are the third most common type of cardiac tumor. Surgical excision is the typical treatment, involving removal of the entire tumor. The patient had no complaints related to the cardiac tumor but experienced rapidly worsening dysphagia. Zenker's diverticulum is a posterior protrusion of mucosa and submucosa through the cricopharyngeal muscle. It can fill with food, which may be regurgitated when the patient bends over or lies down. Night-time regurgitation can lead to aspiration pneumonia. Rarely, the diverticulum becomes large enough to cause dysphagia or a palpable neck mass. Due to the size of the diverticulum, surgery was indicated. It was decided to remove the tumor via excision and subsequently operate on the diverticulum. Both procedures were completed without complications. The patient needs to fully recover from the aortic valve surgery, which includes achieving medical stability and resolution of any active issues related to the heart or other organs. The decision to proceed with surgery for Zenker's diverticulum was based on the patient's specific medical history, overall health, and the recommendations of the surgical team. Surgical outcomes are known to be influenced by various factors, including the surgical approach, the surgical speciality, and patient age.<sup>1,2</sup>

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