

# DYSPHAGIA LUSORIA CAUSED BY AN ABERRANT RIGHT SUBCLAVIAN ARTERY



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بُورْنَيْسْتِي: اِنْتَبَاهُ اِنْبَا اِنْبَا مَلَيْسِيَا

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## Introduction

Dysphagia of vascular origin is termed dysphagia lusoria and it is relatively uncommon. Amongst the vascular causes, aberrant right subclavian artery is the most common. This case illustrates the usefulness of imaging in the investigation of dysphagic patient for an accurate diagnosis and appropriate management of the condition.

## Case Summary

A 49-year-old lady presented mild dysphagia for the past six months. However, her dietary intake was not significantly affected. There was no associated constitutional symptom. She had no significant past medical or surgical problems.

Clinical examination, blood investigations and laryngoscopy assessment were unremarkable. Barium swallow (Figure 1) revealed an extrinsic compression of the esophagus which was obliquely orientated. This external compression was showed on CT scan (Figure 2) due to an aberrant right subclavian artery.

This patient was managed conservatively.

## Barium swallow

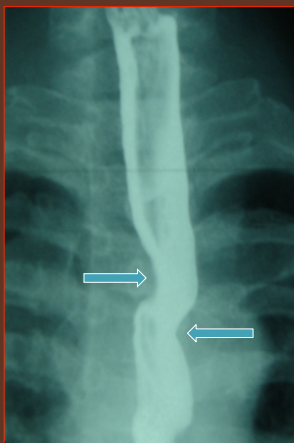


Figure 1: An oblique extrinsic compression from the left inferior to the right superior part of the upper thoracic esophagus (arrow) just above the aortic arch is consistent with an aberrant right subclavian artery.

## Axial CT scan images of the neck region:

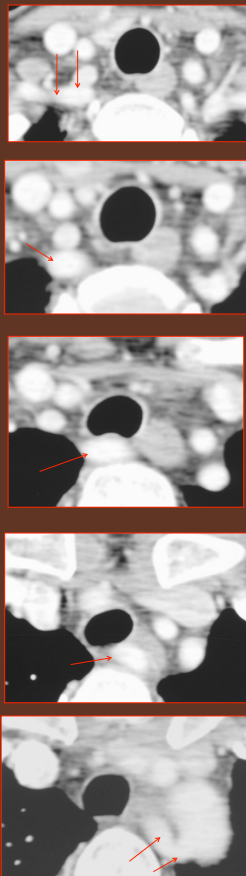


Figure 2: Serial images of the contrast-enhanced CT scan showed the course of the right subclavian artery (arrow) posterior to the trachea and esophagus from its origin at the distal aortic arch.

## Discussion

Anatomical variations of the aortic arch and its branches are well documented (Figure 3). Aberrant origin of the right subclavian artery presents in approximately 0.5 to 1% of the population. The aberrant right subclavian artery most frequently arises from a point distal to the left subclavian artery and passes behind the esophagus to the right arm<sup>1</sup>.

This condition is usually asymptomatic. Dysphagia is the most frequent presentation in adulthood. This is due to extrinsic compression of this vessel on the posterior aspect of the thoracic esophagus<sup>2</sup>.

Management depends on the severity of the symptoms. In this patient conservative management was chosen as the symptom was not severe.

However, long term follow up is needed to detect aneurysmal dilatation of this vessels which was reported to have high incidence of spontaneous rupture, in which surgical intervention is highly recommended<sup>3</sup>.

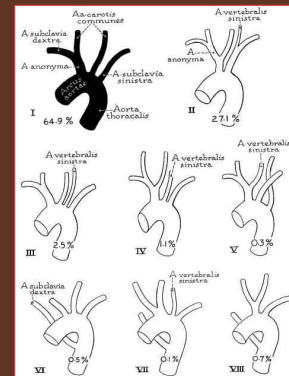


Figure 3: Types of branching of the aortic arch encountered in 1000 adult cadavers. Several other types are not shown in this image. (From Anson, B.J.: An Atlas of Human Anatomy. Philadelphia, W.B.Saunders Co., 1963)

## Conclusion

**Dysphagia is a common symptom in patients presented to otorhinolaryngology clinic. For optimal management of patient, accurate diagnosis should be done. This is achieved by a proper clinical assessment and appropriate imaging evaluations.**

## References

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