Unusual Cause of Dysphagia Lusoria

Causa inusual de disfagia lusoria

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The anomalous origin of the subclavian artery is one of the most common aortic arch anomalies, mainly the right-sided artery associated to the aortic arch in left position, which occurs in 0.5-1.8% of the population. Even less common is the aberrant origin of the left subclavian artery, which occurs in 0.05% of individuals. In 20-60% of cases, the anomalous artery originates in a proximal dilatation of the initial segment of the descending aorta known as Kommerell diverticulum, named after the author of the first description and publication of this clinical condition in 1936. (1)

These images correspond to a 40-year-old woman who consulted for dysphagia, acidity, and atypical precordial chest pain. A CT angiography of the thoracic aorta was performed, which showed right aortic arch and anomaly in the origin of the supra-aortic vessels. The figure shows from proximal to distal the

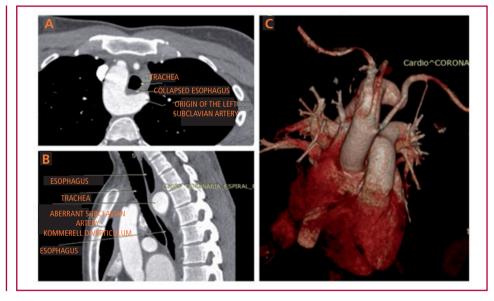
origin of the carotid arteries arising from separate orifices, then the right subclavian artery, and finally the left subclavian artery arising from a 25 x 19 mm dilatation. The left subclavian artery crosses the midline behind the esophagus to the contralateral side, partially compressing it together with the diverticulum.

In general, this rare anomaly is asymptomatic and of casual diagnosis. However, it can cause symptoms resulting from external compression of the trachea (dyspnea) or the esophagus (dysphagia), particularly in patients with right aortic arch, and more severe cases of vascular dissection or rupture have also been reported. (2)

Conflicts of interest

None declared (See authors' conflicts of interest forms on the website/ Supplementary Material).

Fig. 1. A: Chest CT angiography. Axial plane at the level of the aortic arch, showing right aortic arch with diverticulum compressing the esophagus (asterisk) B: The same is shown from a CT angiography sagittal plane. C: Anterior view of three-dimensional reconstruction image showing the emergence of supra-aortic vessels.



REFERENCES

- 1. Tanaka A, Milner R, Ota T. Kommerell's diverticulum in the current era: a comprehensive review. Gen Thorac Cardiovasc Surg 2015;63:245-59. http://doi.org/f7jbzm
- 2. Van Bogerijen GH, Patel HJ, Eliason JL, Criado E, Williams DM, Knepper J, et al. Evolution in the Management of Aberrant Subclavian Arteries and Related Kommerell Diverticulum. Ann Thorac Surg 2015;100:47-53. http://doi.org/f7mnhc

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