Aberrant Right Subclavian Artery and Lusoria Dysphagia

Milton Sérgio Bohatch Júnior,[1] Amanda Fernandes Vidal da Silva,[1] Ademar Regueira Filho,[1] Marcelo Haddad Dantas,[2] Roberto Teodoro Beck[2]

Hospital Municipal São José;[1] Instituto de Angiologia e Cirurgia Vascular e Endovascular,[2] Joinville, Santa Catarina – Brazil

Female patient, 85 years old, hypertensive, under investigation for dysphagia to solids, started in adulthood with mild symptoms, with slow progression and no weight loss. Upper digestive endoscopy did not show any abnormalities. Computed tomography of the chest with intravenous contrast revealed an aberrant right subclavian artery (Figures 1 and 2). The aberrant right subclavian artery presents a retroesophageal course, resulting in compression of the esophagus, a finding consistent with lusoria dysphagia. As the dysphagia was mild, with no nutritional repercussion, the case was treated by observation, with lifestyle modifications.

Keywords

Subclavian Artery; Deglutition Disorders; Endoscopy; Thorax/tomography; Esophageal Stenosis.

Mailing Address: Milton Sérgio Bohatch Júnior •
Avenida Getúlio Vargas, 248. Postal Code 89202-000, Centro, Joinville, Santa Catarina - Brazil
E-mail: Milton.jr87@hotmail.com
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Authors' contributions

Research creation and design: Bohatch Jr. MS, Silva AFV; Data acquisition: Bohatch Jr. MS, Silva AFV; Data analysis and interpretation: Regueira Filho A, Dantas MH, Beck RT; Manuscript drafting: Bohatch Jr. MS, Silva AFV; Critical revision of the manuscript as for important intellectual content: Bohatch Jr. MS, Regueira Filho A, Dantas MH, Beck RT.

Potential Conflicts of Interest

There are no relevant conflicts of interest.

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Academic Association

This study is not associated with any graduate programs.

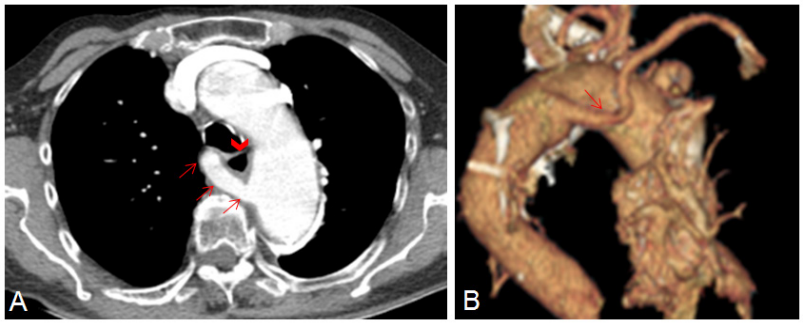

Figure 1 – *Chest tomography with intravenous contrast: A. Axial view: the arrows show the aberrant right subclavian artery with retroesophageal course; the arrowhead shows the esophagus. B. Three-dimensional reconstruction: the arrow shows the aberrant right subclavian artery.*

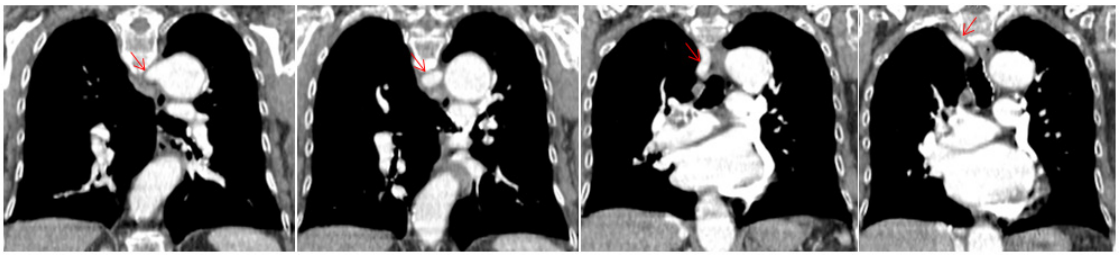

Figure 2 – *Chest tomography with intravenous contrast in coronal sections demonstrating the course of the aberrant subclavian artery that appears as the last branch of the aortic arch and crosses the midline between the vertebral spine and the esophagus to reach the right hemithorax.*