An unusual cause of persistent dysphagia

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A 72-year-old lady with recently diagnosed Non Hodgkin's lymphoma was referred to our clinic. The patient on staging evaluation had a CT scan of her chest (Figures 1 and 2), and was found to have an abnormality.

On further questioning, the patient endorsed complaints of dysphagia to solids, which was intermittent in nature and had been present for the last two years. Physical examination did not reveal any significant clinical findings.

What is the diagnosis?

Answer and Discussion

The patient presented with dysphagia and was seen to have an aberrant right subclavian artery (red arrows from figures), which is sometimes referred to as arteria lusoria. Dysphagia secondary to vascular compression on esophagus is also known as dysphagia lusoria.1

Dysphagia lusoria is a rare cause of dysphagia, first described by a British physician David Bayford in 1794. An aberrant right subclavian artery is the most common aortic arch anomaly, present in about 0.3 to 1.8% of the population. In about 80% of the cases, it runs posterior to the esophagus, between the trachea and esophagus in 15% of the cases and in the remaining 5%, it runs anterior to the trachea. The diagnosis is suggested by the barium esophagogram and confirmed with contrast enhanced Chest CT scans. In most patients, it is asymptomatic.

Generally, patients with mild to moderate symptoms are managed conservatively, and surgery is reserved for those with persistently severe symptoms.2 Surgery generally involves removal of the aberrant vessel and its reconstruction in the appropriate position. Reconstruction can be done via anastomosis of the native vessel or by interposing a synthetic graft in its place. There is no consensus to the best surgical approach with both median sternotomy and cervical approach being used. Options for poor surgical candidates include endoscopic dilatation, which may temporarily relieve symptoms of dysphagia.3

Figure 1: Chest Computed Tomography (CT) scan showing aberrant right subclavian artery from aorta (red arrow) and esophageal compression (blue arrow)
CLINICAL CORRESPONDENCE

Figure 2: Coronal section on CT scan showing aberrant right subclavian artery (arrow) from aorta

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REFERENCES: