

A 3 Years Old Girl with Dysphagia

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We report the case of a three-year-old girl who complained from dysphagia and post-prandial vomiting since she was 6 months old. Several diagnostic work-ups were performed for her problem. Upper GI endoscopy was normal but barium swallow revealed an external pressure effect over upper part of the esophagus (figure 1) and the CT angiography of thoracic aorta showed that this external pressure effect was due to a vascular anomaly in the aberrant branching of subclavian artery in the right side directly from aortic arch transmitting from the posterior aspect of the esophagus (figure 2). So the patient underwent elective operation and thorough right posterolateral thoracotomy from 5th intercostal space, right subclavian artery was divided from its origin to aorta and end to side anastomosis was made to proximal part of right carotid artery. Site of previous origin on aorta also was closed. After 5 days the patient was discharged from the hospital with good condition without any complication.



Fig 1: Barium swallow shows narrowing in proximal part of esophagus.



Fig 2: CT angiography reveals aberrant Right subclavian artery.

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Vascular anomalies are rare causes of dysphagia. Most of them are asymptomatic but may rarely have compressing effects on trachea or esophagus and cause dyspnea, recurrent pneumonia or dysphagia.¹ Aberrant origin of the subclavian artery was first described by Hunded in 1735. In 1794 Bayford first reported a rare condition in which an

anomalous right subclavian artery compressed the esophagus and caused symptoms of dysphagia; he called it dysphagia lusoria. However, until 1936, when Kommerell encountered an aortic diverticulum while performing a radiological examination of the stomach, the diagnosis of an aberrant subclavian artery had been made at postmortem examination only.

Anomalous right subclavian artery occurs in approximately 0.5% to 1.0% of the population and it is caused by obliteration of the right fourth aortic arch during early embryologic development.²

The current recommendation for treatment of aberrant right subclavian artery is by surgical division of the anomalous vessel at its origin and revascularization of the right upper extremity by direct end-to-side anastomosis to the ascending aortic arch.³

What is your Diagnosis?

Diagnosis: Aberrant right subclavian artery or dysphagia lusoria

CONFLICT OF INTEREST

The authors declare no conflict of interest related to this work.

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