

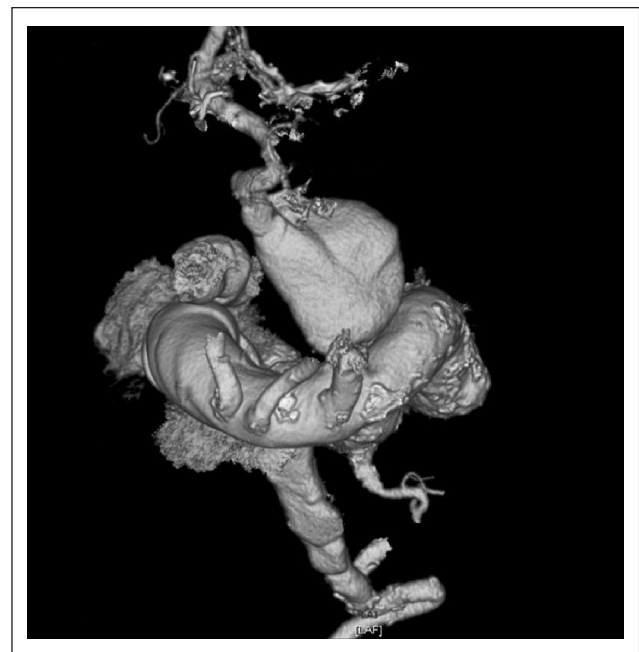
Images in vascular medicine

Giant aneurysm of the aberrant right subclavian artery (arteria lusoria)

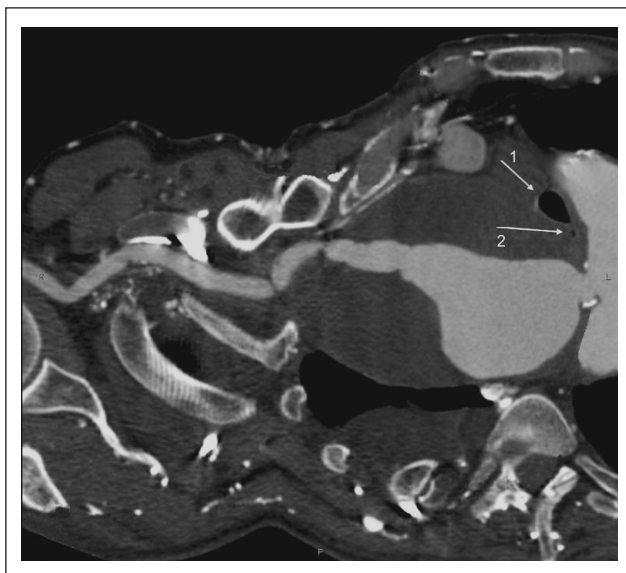
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Panel A



Panel C



Panel B

A 68-year-old man presented with a history of progressively worsening dysphagia, excessive weight loss of more than 30 kg during the preceding 6 months, and retrosternal discomfort. During the previous 2 weeks, any attempt at food or liquid intake provoked vomiting. After gastroenterological evaluation and endoscopy identified pulsating extraluminal compression on the esophagus, he was

referred to a vascular surgeon for further evaluation. The patient was hypertensive without any history of ischemic heart disease. A contrast-enhanced CT scan of the mediastinum (Panel A) revealed a giant fusiform aneurysm measuring approximately 10 cm in diameter which contained extensive mural thrombus. The aneurysm compressed the trachea (Panel B; arrow 1), and almost completely obliterated the esophagus (Panel B; arrow 2). CT angiography (Panel C) revealed the aneurysm of an

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aberrant right subclavian artery (ARSA) arising from the distal aortic arch after the left subclavian artery origin. The patient refused proposed surgical treatment, and did not return to our clinic for further treatment or follow-up.

The abnormal origin of the right subclavian artery originating from the proximal descending thoracic aorta, distal to the left subclavian artery is called the 'lusorian artery'. The reported prevalence of this anomaly in the population is 1–2%.^{1,2} In 80% of the patients, the ARSA crosses between the esophagus and the spinal column, and it is thought that only 10% of cases are associated with symptoms due to compression, known as 'dysphagia lusoria'.¹

The majority of symptomatic patients with ARSA are identified after medical work-up by the gastroenterologist, after presenting with persistent vomiting and weight loss. Other symptoms include chest pain, coughing and occasional dyspnea. Hematemesis has been described in the setting of fistulization with the esophagus.² A contrast-enhanced CT scan of the chest with CT-angiographic imaging is a reliable non-invasive tool for the diagnosis.^{3,4}

Aneurysm of the ARSA is an extremely rare occurrence, and we could not find a previous report of total collapse of

the esophagus as a consequence of compression by a giant aneurysm, as in this case.³ Morbidity and mortality rates after surgical treatment have been reported to range from 9% to 50%;⁴ novel hybrid surgical and endovascular techniques might improve these results in the future.^{2,4}

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