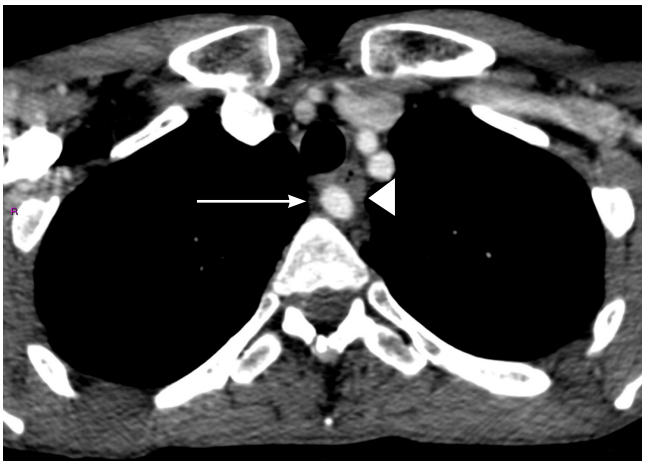
Arteria Lusoria: A Rare Cause of Dysphagia

Dysphagia lusoria is a rare vascular anomaly where difficulty swallowing is caused by compression of the esophagus by an aberrant right subclavian artery. This condition is present in approximately 0.5% of the population and is usually asymptomatic. However, in a subset of patients, it may lead to symptoms such as chronic dysphagia, chest pain, and unexplained weight loss. The anomaly results from abnormal involution or absence of the fourth right aortic arch during early embryological development (1,2). The term "lusoria" is derived from Latin, meaning "trick of nature," referencing its deceptive symptoms that often mimic more common esophageal disorders. Given its rarity and subtle presentation, dysphagia lusoria often poses diagnostic challenges. Accurate diagnosis typically requires advanced imaging to visualize the vascular anomaly and assess its impact on the esophagus.

Figure 1. An axial contrast enhanced computed tomography image of the patient's thorax demonstrating an aberrant right subclavian artery (arrow) arising from the aortic arch posterior to the esophagus.



We report the case of a 45-year-old female with a history of emphysema, asthma, and COPD who presented with non-progressive dysphagia to solids more than liquids, and shortness of breath for one year. She also reported poor oral intake and subsequent weight loss, but denied fever, chills, nausea, vomiting, trauma, recent travel, or sick contacts. She had a smoking history of over 30 pack-years and occasional cannabis use. Family history was non-contributory.

Physical examination and laboratory investigations were unremarkable. A contrast-enhanced CT scan of the neck revealed an aberrant right subclavian artery arising from the descending aorta and passing through the retropharyngeal space, causing compression of the proximal esophagus.

Figure 2. A sagittal contrast enhanced CT image of the patient's neck demonstrating a right subclavian artery (black arrow) arising from the arch of aorta directly posterior to the esophagus (arrowhead).

Management depends on symptom severity and nutritional impact. Approximately half of patients experience improvement with conservative measures such as dietary modification and swallowing techniques (3). Surgical intervention may be considered in patients with persistent or severe symptoms unresponsive to conservative management.

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