Dysphagia lusoria caused by internal carotid artery elongation

Claudia Quintero-Pérez, Francisco Manresa-Manresa, Pedro Pablo Aragón-Ropero, Enriqueta Bataller de Juan

Department of Angiology and Vascular Surgery, Hospital Universitario Virgen del Rocío, Seville, Spain

Dysphagia lusoria describes dysphagia due to vascular compression of the esophagus. Although aberrant right subclavian artery (ARSA) is the most common congenital anomaly with frequently retroesophageal course, herein, we describe another vascular cause. The prevalence of dysphagia lusoria in the general population is estimated at 0.4 to 0.7%.[1-2] A 66-year-old woman presented with a pulsatile mass in the right side of the neck and dysphagia and odynophagia to solids. Physical examination revealed a right cervical pulsatile mass without murmurs. Endoscopy showed a slight pulsatile bulge from the lateral wall of the right hypopharynx to the piriform sinus. Doppler ultrasonography of the supra-aortic trunks showed a dilatation of the right common carotid artery. Computed tomography angiography revealed elongation and tortuosity of the supra-aortic trunks (Figure 1) and retropharyngeal course of the right internal carotid artery (Figures 2 and 3), with a moderate imprint on the posterior wall of the retropharynx, findings that confirmed the symptomatology of the patient. A conservative treatment (hygienic-dietetic measures) was decided.

Dysphagia lusoria was first described by Bayford in 1794 to describe a patient with dysphagia secondary to the aberrant right subclavian artery which is the most common cause.[3] Since then, other anatomical variants of the aortic arch have been described as the cause of this condition (right aortic arch with aberrant left subclavian artery, right aortic arch with mirror branching pattern, aberrant right subclavian artery with bicarotid trunk or aberrant internal carotid artery).[4-6] Aberrant internal carotid artery is usually diagnosed incidentally and the number of patients that have individually dysphagia is not frequent.[6] We describe an uncommon case of dysphagia lusoria caused by retropharyngeal internal carotid artery. In patients with mild-to-moderate symptoms, modifications of the

Figure 1. Computed tomography angiography reconstruction showing elongation and tortuosity of the supra-aortic trunks.
diet and hygienic-dietetic measures are recommended, while it is possible to opt for surgical treatment by vascular reconstruction in patients with severe symptoms.

Declaration of conflicting interests
The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

Funding
The authors received no financial support for the research and/or authorship of this article.

REFERENCES