

*Interesting Image / İlginç Görüntü*

Dysphagia lusoria caused by internal carotid artery elongation

*Internal karotis arterin uzamasına bağlı disfaji lusoria*Claudia Quintero-Pérez , Francisco Manresa-Manresa , Pedro Pablo Aragón-Ropero , Enriqueta Bataller de Juan 

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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.

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Figure 2. Computed tomography angiography showing retropharyngeal course of right internal carotid artery.

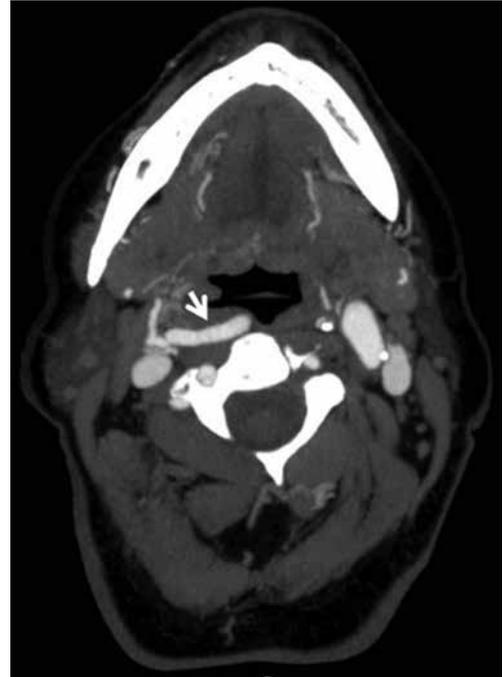


Figure 3. Computed tomography angiography retropharyngeal course of right internal carotid artery with hypopharyngeal imprint.

diet and hygienic-dietetic measures are recommended, while it is possible to opt for surgical treatment by vascular reconstruction in patients with severe symptoms.

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