

Aortic arch abnormalities arise from embryologic defects involving the six pairs of pharyngeal arches. An aberrant right subclavian artery (ARSA), alternatively called *arteria lusoria*, is the most common congenital aortic arch anomaly,<sup>1-3</sup> with prevalence 0.5-1%.<sup>2,4</sup> Attributable symptoms include dyspnea or dysphagia.<sup>1,3,5</sup> The aberrant artery may arise from a Kommerell's diverticulum, a dilated segment of the descending aorta, which itself may be aneurysmal. This aneurysm can dissect or rupture.<sup>3-5</sup> Surgical repair is sometimes required, and treatment options include open, endovascular, or hybrid surgical repair.<sup>5</sup> The ARSA was considered as the cause of her dyspnea; she has not yet completed vascular surgery evaluation. This case highlights how incidental findings can inform interpretation of a questionable self-reported diagnosis.

## References:

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2. Strife JL, Bisset GS III, Burrows PE. Cardiovascular system. In: Kirks DR, ed. *Practical pediatric radiology*, 3rd ed. Philadelphia; Lippincot-Raven,1998:511–613.
3. Cinà CS, Althani H, Pasenau J, Abouzahr L. Kommerell's diverticulum and right-sided aortic arch: a cohort study and review of the literature. *J Vasc Surg.* 2004 Jan;39(1):131-9.
4. Kouchoukos NT, Masetti P. Aberrant subclavian artery and Kommerell aneurysm: surgical treatment with a standard approach. *J Thorac Cardiovasc Surg.* 2007 Apr;133(4):888-92.
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## Captions:

Figure 1: Chest xray in lateral view demonstrating evidence of the aberrant right subclavian artery (between the two black arrow heads) with mild compression of the posterior trachea

Figure 2: dedicated neck CT done to identify the parathyroid adenoma, which incidentally revealed the aberrant right subclavian artery. Transverse section (left pane) demonstrating the ARSA arising from a mild ductus of Kommerell aneurysm (red arrow) and following a retroesophageal course. The trachea is patent adjacent to a collapsed esophagus. Coronal section (right pane) demonstrating the left-to-right course of the ARSA, perpendicular to both the esophagus (red star) and trachea (red X).