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, with prevalence 0.5-1%.

Attributable symptoms include dyspnea or dysphagia. 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. Surgical repair is sometimes required, and treatment options include open, endovascular, or hybrid surgical repair. 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:


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).