

## Images in surgical radiology

# Dysphagia due to a rare cause

**Ravi Meher, A. Sabherwal, I. Singh, A. Raj**

Department of Otorhinolaryngology and Head and Neck Surgery, Maulana Azad Medical College and associated Lok Nayak, G. B. Pant Hospitals and G.N.E.C, New Delhi - 110002, India.

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A 45-year-old male patient presented with the complaint of intermittent dysphagia for solids of 10 years duration. Flexible upper gastrointestinal endoscopy performed several times over 10 years had been inconclusive. Barium swallow revealed a posterior indentation of the thoracic part of the oesophagus (Figure 1). On MR angiography an aberrant right subclavian artery arising from the aortic arch distal to the left subclavian artery crossing the midline behind the oesophagus was seen (Figure 2). A diagnosis of dysphagia lusoria was thus established.

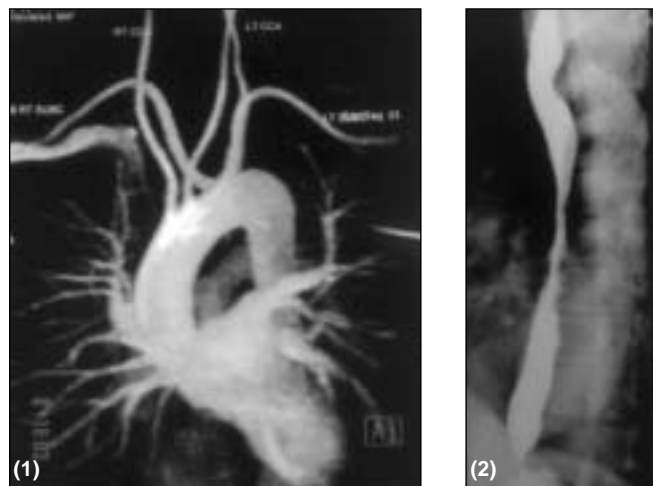
Dysphagia lusoria is described in the literature as difficulty in swallowing because of a “jest of nature”.

The “jest of nature” is a birth defect encompassing any aortic root vascular anomaly that causes oesophageal dysphagia. It is due to a persistent intersegmental artery that assumes a retroesophageal position as it proceeds out of the thorax into the arm. It should be suspected when mediastinal abnormality is seen on the chest X-ray. Endoscopy may reveal a pulsating impression in the oesophagus. Barium contrast examination of the oesophagus shows a characteristic diagonal impression at the level of the fourth thoracic vertebra. Computed tomography and MR angiography confirm the diagnosis and exclude aneurysms.<sup>1</sup>

Dysphagia lusoria is managed by dietary modification when the symptoms are mild. The condition was earlier treated by division of the aberrant right subclavian artery at its origin through a median sternotomy and translocating the distal subclavian artery to the aortic arch or right carotid artery. An extrathoracic approach is superior to a repair involving thoracotomy because there is a decreased rate of complications and greater visibility of the subclavian and carotid artery.<sup>2</sup> Even simple severing of the artery without reconstruction has been described with no ischaemia of the upper limb and no symptoms of the subclavian steal syndrome.

## REFERENCES

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**Figure 1 and 2: (1) Barium swallow showing posterior indentation of thoracic part of esophagus. (2) MR angiography showing an aberrant right subclavian artery arising from the aortic arch distal to the left subclavian artery.**

**Address for correspondence:** Ravi Meher, B-2/62, Sector-16, Rohini, Delhi - 110085, India. E-mail: meherravi@hotmail.com

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