Dysphagia Lusoria

Karl Andersen, DO; Ryan Hoff, DO; Dean Silas, MD

From Advocate Lutheran
General Hospital in Park
Ridge, Illinois.

Financial Disclosures:
None reported.

Support: None reported.

Address correspondence to:

Ryan Hoff, DO, Advocate
Lutheran General Hospital,
1775 Dempster St, Park Ridge,
IL, 60068-1176.

Email:
ryan.hoff@advocatehealth.com

Submitted

February 9, 2020;

revision received

August 25, 2020;

accepted

September 15, 2020.

A 68-year-old man presented to the emergency room with decreased appetite and regurgitation of food for several months. The patient's history was notable for developmental delay, well-controlled gastroesophageal reflux disease without esophagitis, and imperforate anus status post colostomy. A fluoroscopic swallow evaluation showed no aspiration. A barium esophagram showed a calcified aortic arch trapping the proximal esophagus anteriorly and posteriorly, resulting in the bayonet sign (**image A**).¹ Computed tomography angiography of the chest confirmed compression of the esophagus by the anomalous aortic arch, marked by increased tortuosity and a right circumflex cervical aortic arch causing esophageal compression high in the mediastinum (**image B**). The patient was treated with dietary modifications and had satisfactory results.

Dysphagia lusoria is a rare, intrathoracic vascular abnormality, usually due to an aberrant right subclavian artery, resulting in esophageal compression and dysphagia. Dysphagia lusoria usually presents with difficulty swallowing solid

foods, cough, thoracic pain, or Horner syndrome.² The mean age of symptom onset is 50 years.³ The diagnosis is usually achieved with an initial barium esophagram, followed by computed tomography or magnetic resonance imaging scan.² Mild to moderate symptoms may respond to lifestyle and dietary modifications, whereas more severe cases may require surgery.^{2,4} (doi:10.7556/jaoa.2020.139)

References

1. Tse JR, Desser TS. Bayonet sign in dysphagia lusoria. *Abdom Radiol (NY)*. 2018;43(12):3527-3529. doi:10.1007/s00262-028-9
2. Jalal H, El Idrissi R, Azghari A, et al. Dysphagia lusoria: report of a series of six cases. *Clin Res Hepatol Gastroenterol*. 2014;38(3):e45-e49. doi:10.1016/j.clinre.2013.02.015
3. Polgaj M, Chzanowski Ł, Kasprzak JD, Stefańczyk L, Topol M, Majos A. The aberrant right subclavian artery (arteria lusoria): the morphological and clinical aspects of one of the most important variations—a systematic study of 141 reports. *ScientificWorldJ*. 2014;2014:292734. doi:10.1155/2014/292734
4. Weiss S, Haligür D, Jungi S, et al. Symptomatic or aneurysmal aberrant subclavian arteries: results of surgical and hybrid repair. *Interact Cardiovasc Thorac Surg*. 2019;29(3):344-351. doi:10.1093/ictvs/ivz095

© 2020 American Osteopathic Association