The aortic arch (AA) gives rise to the brachiocephalic trunk, the left subclavian artery and the left common carotid artery in 80% of individuals. In 1794, Bayford associated dysphagia in a female patient with the existence of an aberrant right subclavian artery (ARSA) and defined it as *dysphagia lusus naturae* (capricious nature). It is the most common congenital anomaly of the AA.

ARSA originates from the AA and proceeds toward the right arm behind the oesophagus and trachea in 80% of cases, between the trachea and oesophagus in 15%, and in front of both in 5%.

It can be asymptomatic or else may cause respiratory symptoms in children and dysphagia, cough and chest pain in adults.

Dysphagia may be caused by oesophageal stiffness due to age, to an aneurysm or to ARSA arteriosclerosis. The treatment will depend on the symptoms, age, comorbidity, and concomitant vascular abnormalities of each patient.

This case corresponded to a 60-year-old male with a history of supraglottic laryngectomy in 2002, who attended consultation due to dysphagia and regurgitation since 2010. The ENT examination was normal.

The oesophagogram in Fig. 1 shows an oesophageal stenosis due to extrinsic compression.

A computed tomography angiography scan (CT-angiography) (Figs. 2 and 3) shows the ARSA which affected the posterior wall of the oesophagus and was associated with a common bicarotid trunk originating in the aortic arch.

ARSA is a rare cause of dysphagia, but it must be taken into account in the differential diagnosis.
The Aberrant Right Subclavian Artery and Dysphagia Lusoria

Figure 2

Figure 3