

DYSPHAGIA LUSORIA: A CASE REPORT OF A PATIENT WITH ABERRANT RIGHT SUBCLAVIAN ARTERY AND TRUNCUS BICAROTICUS

*Milorad Pavlović¹, Bojan Ilić¹, Miloš Milojković¹, Miloš Stanković¹,
Aneta Jovanović¹, Aleksandar Bogdanović¹, Dimitrije Djordjević²*

Aberrant right subclavian artery (ARSA) is a rare vascular anomaly. It is even more rarely associated with dysphagia and common carotid artery trunk—truncus bicaroticus (TB). Bayford described ARSA in 1794 and called it *arteria lusoria*, and this type of dysphagia—*dysphagia lusoria*. Infundibular extension to deviate ARSA was first described by Kommerell in 1936, therefore, it is called a Kommerell's diverticulum.

A 69-year-old patient, MD, suffered from dysphagia and hoarseness, showing a weight loss of 9.5 kg, two months before the examination. Esophagoscopy revealed external compression of the posterior wall of the middle third of the esophagus. MSCT examination of the chest, as the most reliable non-invasive diagnostic tool, showed ARSA and Kommerell diverticulum with TB.

The presence of ARSA is usually asymptomatic and accidentally located in examinations and autopsies. Dysphagia with a loss of body weight, if present, originate from the outer compression of ARSA to esophagus, while hoarseness occurs within Ortner cardiovocal syndrome. The patient was advised to undergo surgical treatment in case of deterioration of dysphagic disorder, and until then more frequent food consumption during the day, in small bites, and the use of proton pump inhibitor.

Acta Medica Medianae 2025; 64(2): 106–111.

Key words: *dysphagia lusoria, arteria lusoria, aberrant right subclavian artery, Kommerell's diverticulum*