Patient Presenting with Dysphagia
Radiology Elective Presentation

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Patient Presentation

• 86 y/o female with a past medical history of DM type II, diabetic neuropathy, and known paraesophageal hernia referred to GI radiology for esophagram in preparation for hernia repair

• The paraesophageal hernia has been associated with chest pain, dysphagia, hoarseness, regurgitation of undigested food and unexpected weight loss

• These symptoms have been present for years but have worsened recently and she has new dysphagia to liquids

• Modified esophagram performed in 2011 showed marked dysmotility throughout the esophagus with mild GERD, but no esophagitis
Upper GI study on 5/2/2018
CT Chest performed on 5/30/2012
Dysphagia Lusoria

- First described in 1794. From the Latin term *lusus naturae*, meaning “freak of nature”

- Caused by extrinsic compression of the esophagus by an aberrant right subclavian artery

- Aberrant right subclavian artery has an incidence of 0.4 to 2%, but is generally asymptomatic

- Symptomatic in less than 10% of patients, and can present with respiratory symptoms (childhood) or dysphagia (elderly, much more common)

- Reasons for presentation later in life include increased rigidity of trachea and atherosclerosis of aberrant subclavian artery
Aberrant Left Subclavian Artery Anatomy

Polguj M et al. (2014)
Kommerell’s Diverticulum

- A broad base where the aberrant right subclavian artery inserts into the aortic arch can also cause compression itself

Criado F (2016)
Diagnosis

• Diagnostic endoscopy is negative in more than 50% of cases and manometry has no diagnostic role

• Chest radiograph can demonstrate enlargement of the superior mediastinum

• Barium studies of the esophagus may show indentation of the posterior esophageal wall by the artery
Barium study of the esophagus

https://radiopaedia.org/cases/9689
Barium study of the esophagus

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Management

- Mild to moderate symptoms: dietary modification with possible prokinetic agents.

- Severe symptoms: Surgical repair and reconstruction of the aberrant vessel
Case Continued

• Barium study read as
  – Holdup of contrast at the upper esophagus from a right aberrant subclavian artery as well as the aorta.
  – Esophageal hold up above the gastroesophageal junction which may be related to extrinsic pressure from the aorta (dysphagia aortica) or possibly the previously noted hiatal hernia

• As there is a possible component of achalasia as well, and EGD with endoflip evaluation will be performed. Referred to GI motility

• May get a gastrostomy tube for nutrition
References


