[Impact of endoscopic ultrasonography in the diagnosis of aberrant right subclavian artery: a case report]

Micha T. Maeder & Janek Binek

Aberrant right subclavian artery (ARSA) is the most common anomaly of the aortic arch. We present the successful use of endoscopic ultrasonography (EUS) in the diagnosis of ARSA. A 65-year-old woman was admitted because of dyspnoea and inspiratory stridor. Bronchoscopy revealed a subglottic tracheal stenosis. To exclude an underlying malignancy, endoscopy was performed showing an oesophageal impression, which subsequently was identified as ARSA by EUS. Computed tomography excluded neoplasm and confirmed the diagnosis of ARSA. After laser resection of subglottic tissue the stridor resolved and could therefore not be attributed to the co-existence of ARSA. In most cases the ARSA crosses between the oesophagus and the spine from the descending aortic arch to the right and may seldom cause dysphagia due to oesophageal compression. Diagnosis is usually based upon computed tomography or magnetic resonance imaging, whereas angiography is only rarely needed. Endoscopic ultrasonography offers a convenient alternative diagnostic tool and can be performed even as a bedside examination. The diagnosis can be easily assessed in all patients referred for EUS of the upper gastrointestinal tract for any reason. Especially in patients undergoing invasive procedures in the upper thorax or neck, knowledge of an abnormal course of the great vessels is important. Arteria lusoria is often found by chance. EUS is a simple and excellent tool for assessing the diagnosis and usually does not require confirmation through other investigation methods.

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