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Asymptomatic double aortic arch with compressed oesophagus in an adult

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A 56-year-old man presented with epigastralgia and had lost 10% of his body weight over a period of 6 months. The results of physical examination were normal. No abnormal shadow was detected on chest x-ray (figure 1A). Oesophagography showed compression of the oesophagus (figure 1B, arrow), although the patient did not complain of dysphagia. Oesophagogastroduodenoscopy revealed

compression against the outside of the oesophagus. Three-dimensional image reconstruction of a contrast-enhanced CT scan showed an aberrant right subclavian artery (figure 1C, arrow) and double aortic arch (figure 1D, arrow and arrowhead indicate right and left aortic arches, respectively). Figure 2 showed these two aortic arches loop over the corresponding main bronchi, independently. The right aortic arch compressed the oesophagus. The patient's

Figure 1 No abnormal shadow was detected (A). Oesophagus was compressed (B). Right subclavian artery was shown (C). Double aortic arch was shown (D).

Figure 2 The two aortic arches loop over the corresponding main bronchi, independently.

symptoms at initial presentation seemed to be unrelated to compression because the epigastralgia improved with reversal of weight loss. Thus, surgical intervention is not currently planned in this case. Double aortic arch is a rare vascular congenital abnormality. With only a few exceptions, most cases are diagnosed in infancy.¹ Double aortic arch causes compression of the bronchi and oesophagus, resulting in wheezing, stridor and dysphasia. We encountered an adult patient with double aortic arch whose oesophagus was compressed by the right aortic arch. He was incidentally diagnosed with double aortic arch based on screening results for temporal epigastric pain. Moreover,

there have been few previous reports of the results of oesophagography in cases of double aortic arch in adults,² as in our case.

Competing interests None.

Patient consent Obtained.

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