Dysphagia lusoria presenting as epigastric pain

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DESCRIPTION

A 36-year-old African–American woman with medical history of systemic lupus erythematosus, lupus nephritis, protein S deficiency and recurrent deep venous thrombosis presented to outpatient clinic complaining of epigastric pain associated with nausea, vomiting and unintentional weight loss. Esophagogastroduodenoscopy (EGD) was performed; however, mucosal tear was noted following severe retching. Subsequently, the procedure was terminated. EGD was significant for distal oesophageal obstruction. CT of the chest with contrast was significant for pneumomediastinum. Moreover it demonstrated an aberrant right subclavian artery compressing on the posterior part of the oesophagus (figure 1). The patient was diagnosed with dysphagia lusoria. This patient’s symptoms were moderate and managed with dietary modifications. Thus, surgical intervention was not recommended. There was no further progression of symptoms at 1-year follow-up.

Dysphagia lusoria is a condition that occurs as a result of vascular compression of the oesophagus by an aberrant right subclavian artery, which is a rare anatomical variant of the origin of the right subclavian artery.1

Learning points

- Dysphagia lusoria occurs as a result of tracheoesophageal compression by an aberrant subclavian artery, which is a rare anatomical variant of the origin of the right subclavian artery.
- Dysphagia lusoria is often asymptomatic, but around 30% of patients may complain of dysphagia, dyspnoea and retrosternal pain.
- High index of suspicion is the key for diagnosis during work-up for dysphagia (barium fluoroscopy and EGD), dyspnoea and retrosternal pain with CT.

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Competing interests None declared.

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REFERENCES
