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Dysphagia lusoria: uncommon cause of dysphagia in children

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Dear Editor,

We have carefully read the article "*Dysphagia lusoria: a little-known cause of dysphagia*" by Catarina Atalaia-Martins et al. (1), and we would like to report one case recently diagnosed with the same entity. However, this case occurred in another extreme of life.

Case report

A 6-year-old boy presented with a 1-year history of intermittent dysphagia to solids that progressively worsened with occasional episodes of chest pain and food impaction. There were no respiratory complaints nor weight loss. A barium-swallow esophagram revealed a diagonal impression in the proximal esophagus, suggestive of an external compression (Fig. 1A). On esophagogastroduodenoscopy, there was a pulsating bulging area about 15 cm from the buccal rhyme that partially occluded the lumen (Fig. 1B). A computed tomographic angiography of the chest showed an aberrant right subclavian artery (ARSA) with a retro-esophageal course, resulting in a prominent esophageal compression. The echocardiogram was normal. The bronchoscopy showed a slightly pulsating indention in the tracheal wall but the

spirometry was normal. Since there were no comorbidities (no stenotic lesions, no aneurysms nor respiratory compromise) and the symptoms improved with lifestyle modifications (mainly changes to diet and swallowing strategies), surgical correction was deferred.

Discussion

Dysphagia lusoria (*lusus naturae*, Latin for "freak of nature") describes dysphagia due to vascular compression of the esophagus. ARSA is the most common congenital anomaly and frequently has a retro-esophageal course, causing esophageal and tracheal compression. Owing to the more flexible and compressible nature of the trachea, children usually present with respiratory symptoms, whereas adults more often present with dysphagia (2,3).

Although upper endoscopy and barium esophagram are often suggestive, computed tomographic angiography is the gold standard for the diagnosis and exclusion of other anomalies (3). The treatment depends on the severity of the symptoms and comorbidities (4). Severe symptoms, not amenable to interventional dietary and swallowing strategies may warrant surgical treatment.

References

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Fig. 1. A. Barium-swallow esophagram showing the esophageal impression secondary to an extrinsic compression. B. Upper gastrointestinal endoscopy. The arrow indicates the pulsating bulging area, suggestive of external compression by a vascular structure.