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Dysphagia lusoria: uncommon cause of dysphagia in children

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SEPO

Editorial Celiac disease: bleeding. Have we identified the risk factors for massive bleeding yet? J. W. Bercaz Valencia	65
Trabajos Originales Risk factors for severity and recurrence of celiac disease: bleeding N. Anjum, P. Cabero, A. Arduini, M. Escobar and N. Gumbro Mucosopolysaccharide and inflammatory bowel disease: the other dysplasia J. Bermejo, A. Rojas, V. López-Cerdá, J. Cuervo, M. Acar, R. Barja, W. Hernández-Solis, C. García, M. de la Cruz, D. Barrio and A. López-Cerdá Influence of sustained blood response on the regression of fibrosis and portal hypertension in cirrhotic HCV patients treated with antiviral therapy A. Barrio, J. Cabero, W. J. López-Alas, I. L. Fariña, M. T. Anas, A. Galván, F. Castiella, E. Fabregat and J. Crespo Malnutrition risk questionnaire combined with body composition measurement in malnutrition screening in inflammatory bowel disease A. A. Cortés, A. Muñoz, Z. Pili, I. Pall and P. Muñoz A survey-based analysis of endoscopic quality indicators compliance among Spanish endoscopists I. Fernández-Cruz, F. Argüelles, P. Alonso, J. Salas and S. Soriano	67 69 73 76
Revisión Endoscopic resection of colonic polyps in patients on antiplatelet therapy: an evidence-based guideline for clinicians G. Piana, M. Sostero-Salín, C. Salinas, F. Day and M. J. Cuervo	79
Indicaciones en Patología Digestiva Trastorno de la artéria mesentérica superior: una causa infrecuente de obstrucción intestinal J. Sempere Jaquea, P. Abellá-Serna y J. C. García-Pérez Pneumotórax espontáneo intraxial A. F. Romero-Muñoz y R. Barrio-Zelga Trastorno de Wilms a cinco años de diagnóstico C. Oña-Solís, C. C. Fernández-Segú, J. Pineda-Rodríguez y A. N. González-Fernández Endoscopic retrieval of trichobezoars in a schizophrenic patient J. L. Bermejo-Hernández, M. E. Torres-Castro and M. Torres-Rodríguez All that glitters is not gold: A different cause for an "obscure colitis" A. Pineda, W. Shin, J. Villa-Bas and G. Navarro	81 81 83 83
Lesión de Bowdler: diagnóstico por gastroscopia R. Barrio-Solis, M. N. Barrio-Solis, M. Paz-Nova y J. E. Domínguez Muñoz	65
Notas Clínicas Celiac crisis in adults: a case report and review of the literature focusing in the prevention of relapsing syndrome M. de Alaveda-Nemón, V. L. Barrio-Cabral and S. L. Lopera Hemangiomas: tumor pathologic. Una localización infrecuente de tumor vascular I. Abalo-Abad, J. M. García-Cerdillo, L. Aguirre-Duhal, A. W. Quintana-Berco y A. Colla-Arce Hemofilia por eritema papular intradermico C. Pérez-Carpas, A. Escobedo-Sánchez, M. A. Paredes-Capó, J. Arangul-Rubio y C. García-Delgado Endoscopic removal of intubated large nasogastric tubes: a case report M. Ochoa-Rubio and J. Torres-Munoz Mesenteric schwannoma: an unusual cause of abdominal mass A. Torres-Palacio, M. R. Ramos-Vázquez, J. C. Cortés-Ramón, J. Corrales-Lara and D. L. Cortés-Pérez	67 69 70 73 76
Cartas al Editor Necrosis mesenterica-rectal, un tumor poco habitual M. de Barrio-Solis, J. Santos-Fernández y M. N. Ramos-Rodríguez Presentación inicial de tuberculosis por radiografía pulmonar que lleva asociada a compresión de Bouveret, patología infrecuente y poco conocida V. Pineda-Vargas, D. M. Aguilera y L. A. Alvarez Peroral endoscopic myotomy for an achalasia patient with multiple esophageal diverticula Y. Se, H. Zhu and D. Liu Análisis y endoscopia intraxial: entidades intraxiales en el diagnóstico diferencial de abdomen agudo C. Sánchez-Jiménez, L. Goveas-Noya y J. A. Abad-Pérez Perforación múltiple de divertículos de intestino delgado en paciente con síndrome de Wilms-Gardner R. Fernández-Cruz, A. Barja-Cordero y E. Palencia-López Altopercia anular como manifestación paraneoplásica de un adenoma actínico gástrico J. Barrio-Solis, F. Fernández-Serrano y J. de la Fuente-Aguado	79 80 81 81 83 83
Revisores 2016	85

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Dysphagia lusoria: uncommon cause of dysphagia in children

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Key words: Aberrant right subclavian artery. Dysphagia lusoria. Esophageal compression.

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 indentation 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.

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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.