Dysphagia lusoria describes swallowing difficulties secondary to esophageal compression by an ARSA. ARSA is the most common anomaly of the aortic arch with an incidence ranging from 0.5% to 1.8%. (1-3) While majority remain asymptomatic, symptoms may affect the very young and adults if compression is significant. Children typically present with respiratory symptoms while adult patients present with dysphagia and chest pain. Infrequently, dysphagia has been reported in pediatric patients. (4,5). A barium swallow is suggestive but CT or MRI angiography are best for diagnosis. (3) Surgical management is reserved for severe cases.

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Contributors
JX Siew prepared the manuscript. ZX Khoo reviewed and edited the manuscript and is the primary physician of the patient.

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What is the diagnosis?
Discussion
CT thorax showed an aberrant right subclavian artery (ARSA) originating as the last branch of the aortic arch, coursing posteriorly indenting the posterior esophagus, consistent with dysphagia lusoria. The patient was referred to cardiothoracic service but as her symptoms were mild, she was treated conservatively with proton pump inhibitors and lifestyle modification.

CONTACT  Jiaxuan Siew
Email: siew.jia.xuan@singhealth.com.sg
Address for Correspondence: Department of Pediatrics, KK Women’s and Children’s Hospital, 100 Bukit Timah Road, Singapore, SG 229899.

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