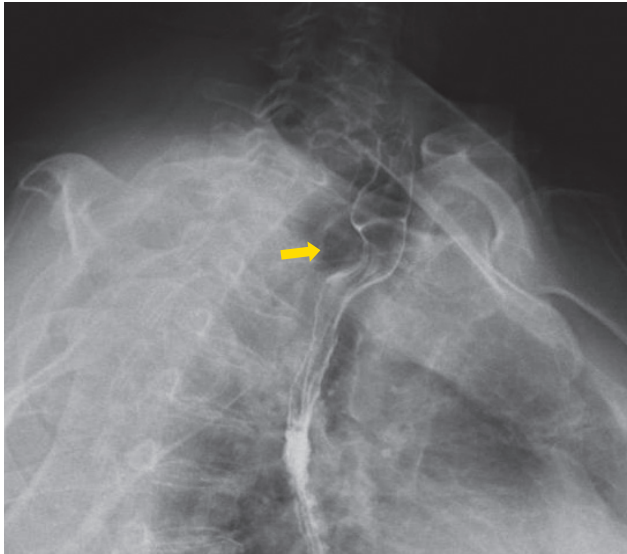
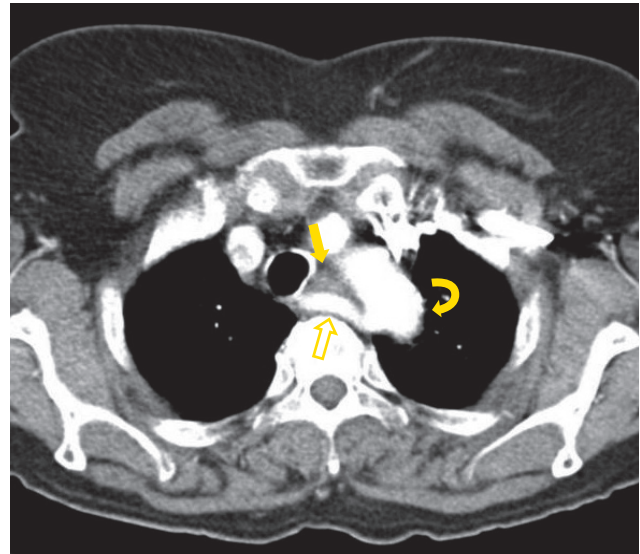


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**Figure 1** – Right anterior oblique view of a barium esophagram showing a posterior and extrinsic indentation of the middle esophagus (arrow)



**Figure 2** – Computed tomography angiography (axial view) showing an aberrant right subclavian artery (hollow arrow), arising distally from the aortic arch (curved arrow), slightly compressing the posterior wall of the esophagus (yellow arrow)

A 71-year-old female presented with a two-year history of intermittent dysphagia for solids and a 6 kg weight loss. An esophagram was performed, revealing an extrinsic indentation with anterior displacement of the esophagus (Fig. 1). Subsequent computed tomography angiography showed an aberrant right subclavian artery (ARSA) with a retro-esophageal course, slightly compressing the esophagus, as the probable cause of symptoms (Fig. 2).

Dysphagia lusoria is a swallowing impairment due to vascular compression of the esophagus.<sup>1-4</sup> Typically, the causative vessel is a retro-esophageal ARSA, originating

from the left-sided aortic arch, with a reported incidence of 0.5% – 2%, of which only 20% – 40% develop symptoms.<sup>1,4,5</sup> Children generally present with respiratory symptoms, owing to a more flexible trachea, while adults develop dysphagia, because of age-related decreased vascular compliance.<sup>3</sup>

Mild symptoms only require dietary modifications, including eating slower and chewing properly. Severe cases may warrant surgical treatment.<sup>4</sup>

Our patient agreed with conservative treatment, showing progressive clinical improvement.

**PROTECTION OF HUMANS AND ANIMALS:** The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association.

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