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Letter to the Editor

Comment on the article "A three branches aortic arch variant with a bi-carotid trunk and a retro-esophageal right subclavian artery"

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Dear Editor, *International Journal of Anatomical Variations*:

I read the article entitled "A three branches aortic arch variant with a bi-carotid trunk and a retro-esophageal right subclavian artery" by Mligiliche and Isaac [1]. The article is well written and the embryological and clinical importances have been well discussed. I would like to congratulate the authors for the good work.

The most common embryologic abnormality of the arch of aorta is an aberrant right subclavian artery, which occurs in 0.5% to 1.8% of the population. [2, 3]. I have seen a similar case of aberrant right subclavian artery passing behind the esophagus, only once in the past 15 years. That case was found in an aborted fetus. Although most cases of this anomaly are asymptomatic, symptoms may appear when a "vascular ring" completely encircles the trachea or the esophagus. Extrinsic compression of the esophagus may lead to dysphagia. This phenomenon of dysphagia due to compression of esophagus by right subclavian artery was first reported in 1794 by London physician David Bayford. It was originally described as "dysphagia by freak of nature," and is commonly referred to as "dysphagia lusoria" [4]. The extrinsic compression of the esophagus can be identified radiologically and can be treated surgically [5]. It is quite interesting to note that this anomaly remained asymptomatic for 100 years in spite of the large size of the abnormal right subclavian artery.

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