A rare presentation of idiopathic right subclavian artery aneurysm successfully tackled by endovascular stent-grafting

A 32-year-old woman presented with symptoms of dysphagia to solid food for 6 months. She had no significant past medical history or trauma. Examination revealed a subtly palpable pulsatile swelling at the root of right side of the neck. Contrast-enhanced CT showed a complex saccular aneurysm of the proximal right subclavian artery. The involved aneurysmal segment contained three separate saccules, the largest of which measured 4.7×2.3 cm. A selective digital subtraction angiography was done contemplating the possibility of endovascular intervention. In a cross-section image, the aneurysm is seen abutting the trachea which in turn compresses the oesophagus. Oesophago-gastro-duodenoscopy was normal. Barium swallow showed smooth extrinsic compression of the oesophageal lumen at the level of aneurysm. An extensive aetiological work-up ruled out atherosclerosis, connective tissue disorders, vasculitis, infections, collagen disorders and congenital cardiovascular anomalies. She was taken up for endovascular stent-grafting and the aneurysm was successfully excluded using two stent-grafts. At follow-up, she has complete resolution of symptoms.

DISCUSSION
Subclavian artery aneurysm accounts for <0.2% of all aneurysms. Atherosclerosis, trauma, infections, vasculitis, connective tissue disorders and collagen vascular disease are causative for more than 95% of these. Idiopathic subclavian aneurysms have very rarely been reported and most of them are considered congenital.

The aneurysms are usually detected incidentally, but when symptomatic they commonly present as a pulsatile mass, neck pain, upper-limb ischaemia or mediastinal mass. Rare presentations that have been reported include dyspnoea, dysphagia and...
haemoptysis. Endovascular stent-grafting has been increasingly reported as a management option.

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Competing interests None.

REFERENCES

Figure 3 (A) Final angiographic pigtail injection at the ascending aorta after covered stent-graft placement showing complete exclusion of the aneurysm. (B) Multidetector CT reconstructed image poststent graft repair.