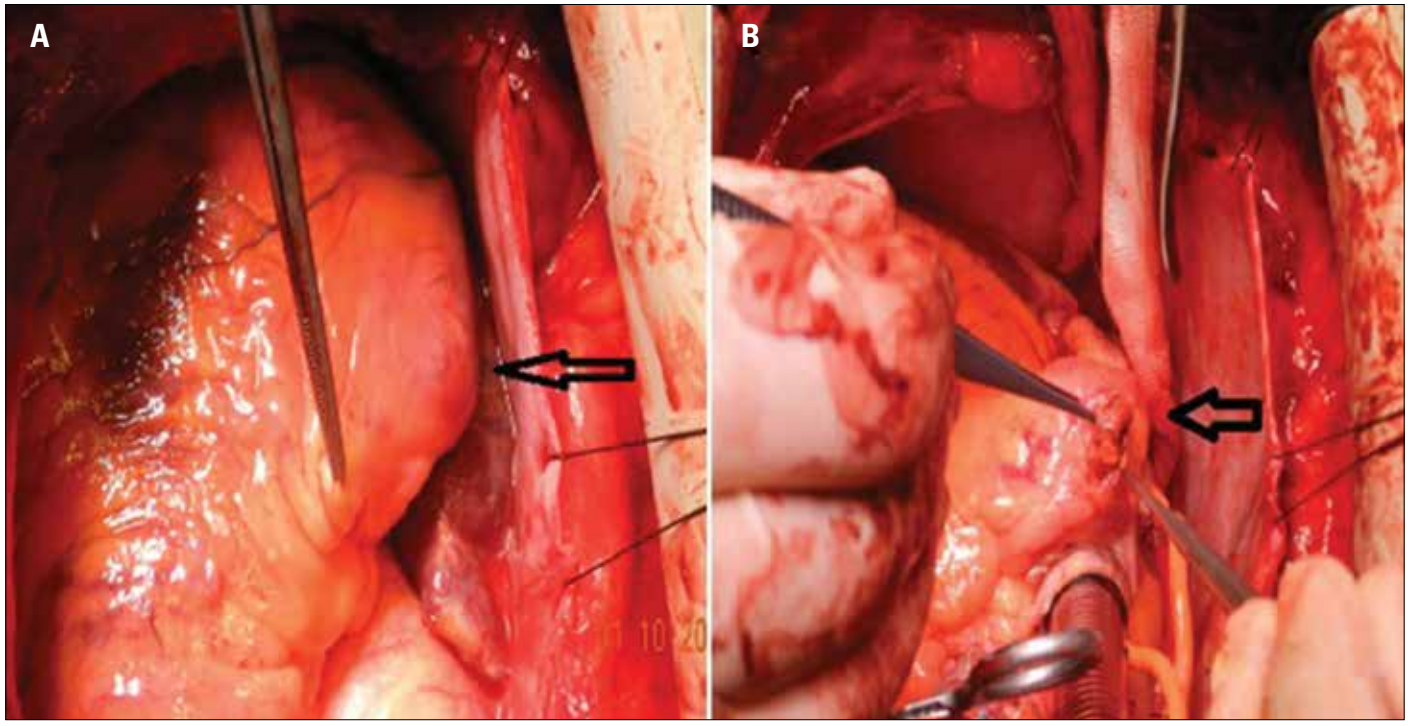

Figure 4. Intraoperative photo showing the giant RCA aneurysm images before and after the incision

Address for Correspondence: Dr. Arif Süner,
Adıyaman Üniversitesi Tıp Fakültesi, Kardiyoloji Anabilim Dalı; Adıyaman-*Türkiye*
Phone: +90 541 321 85 81
E-mail: arifsuner@gmail.com
Available Online Date: 09.06.2014

DOI:10.5152/akd.2014.5367

Double aortic arch associated with tracheal and esophageal compression in an adult

A 44-year-old female admitted to cardiology clinic with complaints of heartburn and chest pain. Past medical history displays hypertension, and she is on medical therapy. Physical examination, laboratory, electrocardiography, echocardiography and spirometer were normal. Chest roentgenogram demonstrated suspicious opacification over aortic arch (Fig. 1A). CT showed; double aortic arch in the form of complete vascular ring around trachea and esophagus. Both the trachea and esophagus were compressed by vascular ring (Video 1, Fig. 1B-E). Esophagogram shows extrinsic impression on left-side of barium-filled esophagus from left-sided arch (Fig. 1F). Therapeutic strategy balanced between risks of cardiovascular abnormality and risks due to surgery. Surgery wasn't performed due to; patient refused operation, vascular ring isn't associated with serious complications and good general condition and prognosis of patient. Hereby conservative approach adopted.

Aortic vascular anomalies should be considered in patients with respiratory distress, nutritional problems, and pulmonary infections. Also, identification is important for prevention of chronic and irreversible complications.

Mutlu Çağan Sümerkan, Füsun Helvacı, Muzaffer Başak*
Departments of Cardiology and *Radiology, Şişli Hamidiye Etfal Education and Research Hospital; İstanbul-*Turkey*

Video 1. 3-dimensional CT video demonstrated double aortic arch. Right arch is higher than left and both arches had similar diameters. Left subclavian and common carotid arteries originated individually from the left aortic arch, moreover right subclavian and common carotid arteries originated individually from right aortic arch

Address for Correspondence: Dr. Mutlu Çağan Sümerkan,
19 Mayıs Mahallesi, Gazi Berkay Sokak, Ak Apartmanı,
Postal code: 34360 No: 25/5, Şişli, İstanbul-*Türkiye*
Phone: +90 506 703 52 62
Fax: +90 212 224 07 72
E-mail: mutlusumerkan@gmail.com
Available Online Date: 09.06.2014

DOI:10.5152/akd.2014.5487

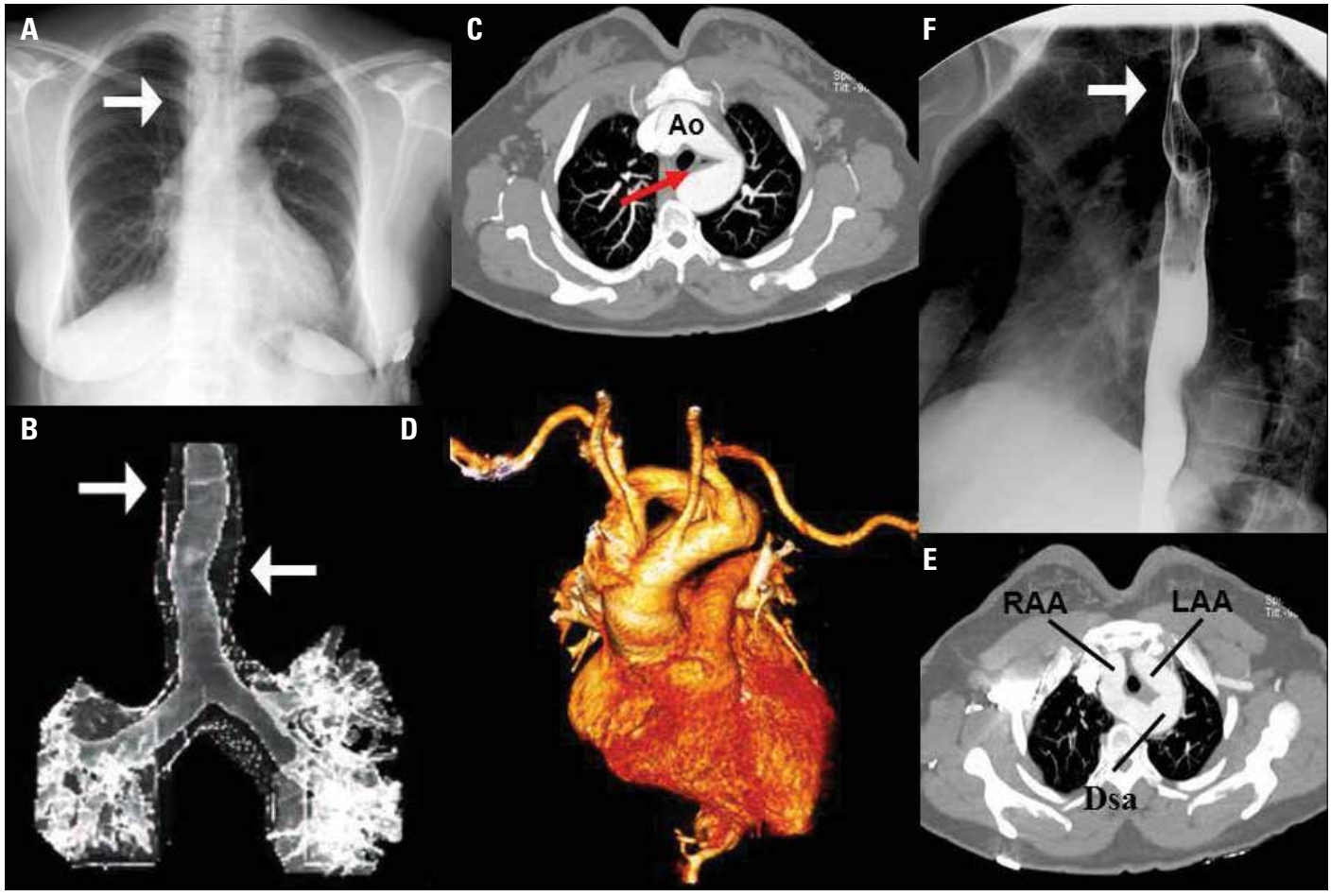

Figure 1. (B) Tracheal displacement by vascular ring. (C) Left-sided aortic arch causes nearly complete obliteration of esophagus. (E) CT depicted vascular ring encircling trachea. Trachea was displaced slightly lateral and appeared flattened in its transverse diameter

Ao - ascending aorta; Dsa - descending aorta; LAA - left sided aortic arch; RAA - right sided aortic arch