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Kissing carotids

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A 70-year-old woman presented to the emergency department with a decade-long history of slowly progressive dysphagia predominantly for solids, getting worse over the last year, with associated weight loss. She withdrew consent for diagnostic oesophago-gastro-duodenoscopy. Barium swallow showed oesophageal indentations at the C5–C6 junction (Figures 1a and b).

Computed tomography of the chest confirmed 'kissing carotids', which were compressing the remnant of the thyroglossal duct onto the oesophagus posteriorly, causing dysphagia (Figure 2). The term kissing carotids refers to tortuous and elongated vessels touching or more commonly coming close to each other in the midline. The patient was put on a soft liquid diet and gained significant weight.

Anatomical variations in extracranial carotid arteries, first described in 1997 (Männer et al, 1997), occur in 5–6% of the general population (Pfeiffer and Ridder, 2008). Kissing carotids can cause progressive dysphagia, raising the possibility of malignancy. Kissing carotids are usually incidental intraoperative or radiological findings (Becker et al, 2014).

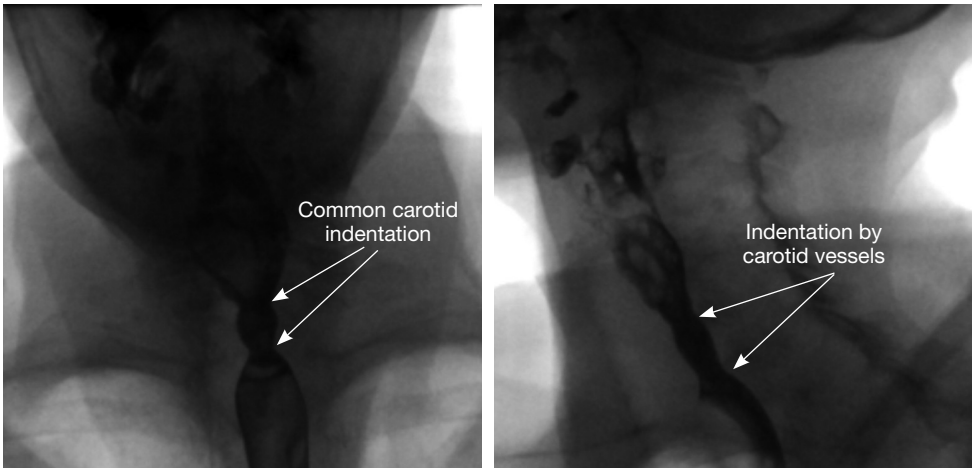

Figure 1. a. Anterior-posterior and (b) lateral views of the barium swallow showing oesophageal indentations posteriorly at the C5–C6 junction from common carotids.

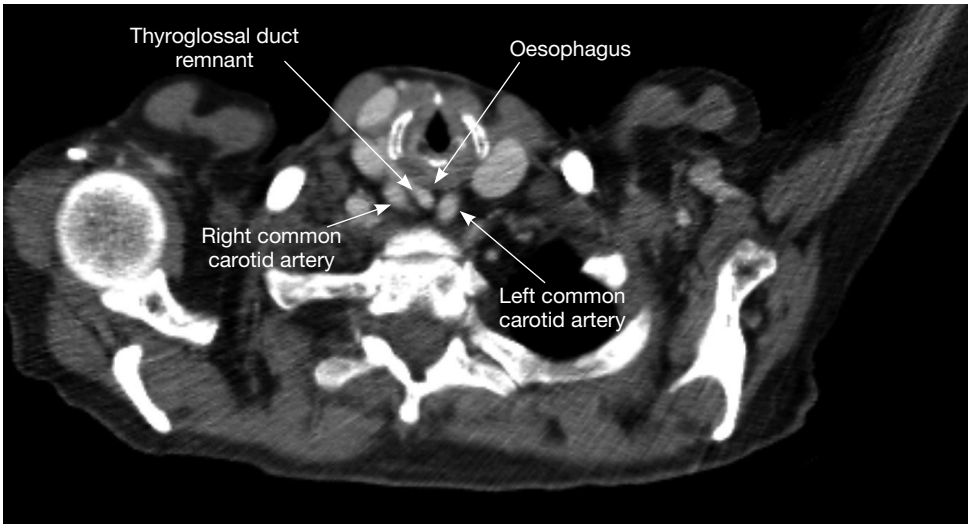

Figure 2. Axial computed tomography scan of the chest in portal venous phase showing the altered course of the carotids in proximity at the midline compressing the remnant of the thyroglossal duct onto the oesophagus posteriorly.

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References

Becker C, Ridder GJ, Pfeiffer J. The clinical impact of aberrant internal carotid arteries in children. Int. J. Pediatr Otorhinolaryngol. 2014;78(7):1123–1127. https://doi.org/10.1016/J.IJPORL.2014.04.028

Männer J, Seidl W, Steding G. The formal pathogenesis of isolated common carotid or innominate arteries: the concept of malseptation of the aortic sac. Anat Embryol. 1997;196(6):435–445. https://doi.org/10.1007/s004290050111

Pfeiffer J, Ridder GJ. A clinical classification system for aberrant internal carotid arteries. Laryngoscope. 2008;118(11):1931–1936. https://doi.org/10.1097/MLG.0b013e318180213b