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# Dissection of the aberrant right subclavian artery: a very rare finding

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A 59-year-old man was admitted to the emergency room with chest pain and shortness of breath. A chest X-ray revealed a dilated aortic knob (Figure 1a). Computed tomography angiography showed an aberrant right subclavian artery and association with Kommerell's diverticulum (Figure 1b).

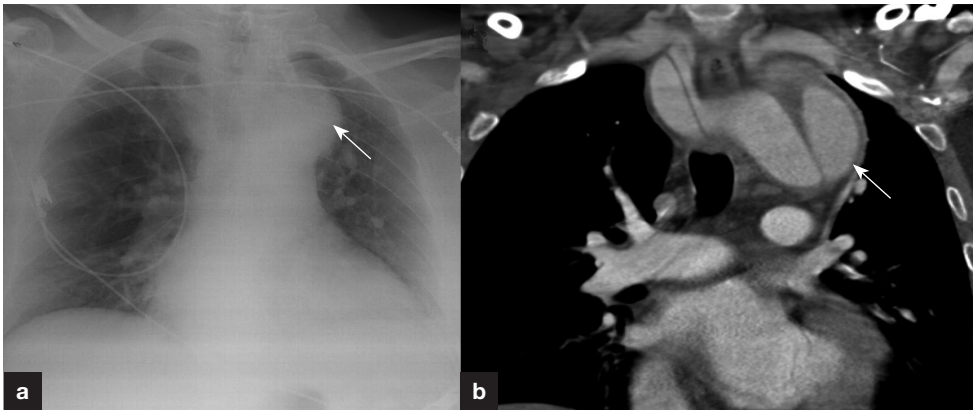


**Figure 1.** a. Posterior anterior chest X-ray reveals aneurysmatic dilation of the aortic knob (arrow). b. Coronal computed tomography angiography demonstrates Kommerell's diverticulum, right aberrant subclavian artery and dissection flap (arrow).

Aberrant right subclavian artery is a rare but well-known anomaly of the aortic arcus. Symptoms are a result of compression of the oesophagus or trachea and generally occur in children. Sixty per cent of aberrant right subclavian arteries are associated with a Kommerell's diverticulum. There are two main complications: dissection and rupture. Computed tomography angiography is the modality of choice to demonstrate a right aberrant subclavian artery, interactions with adjacent organs and complications, and may also prevent misdiagnosis as a DeBakey type 3 aortic aneurysm (Epstein and DeBord, 2002; Tsukui et al, 2014).

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