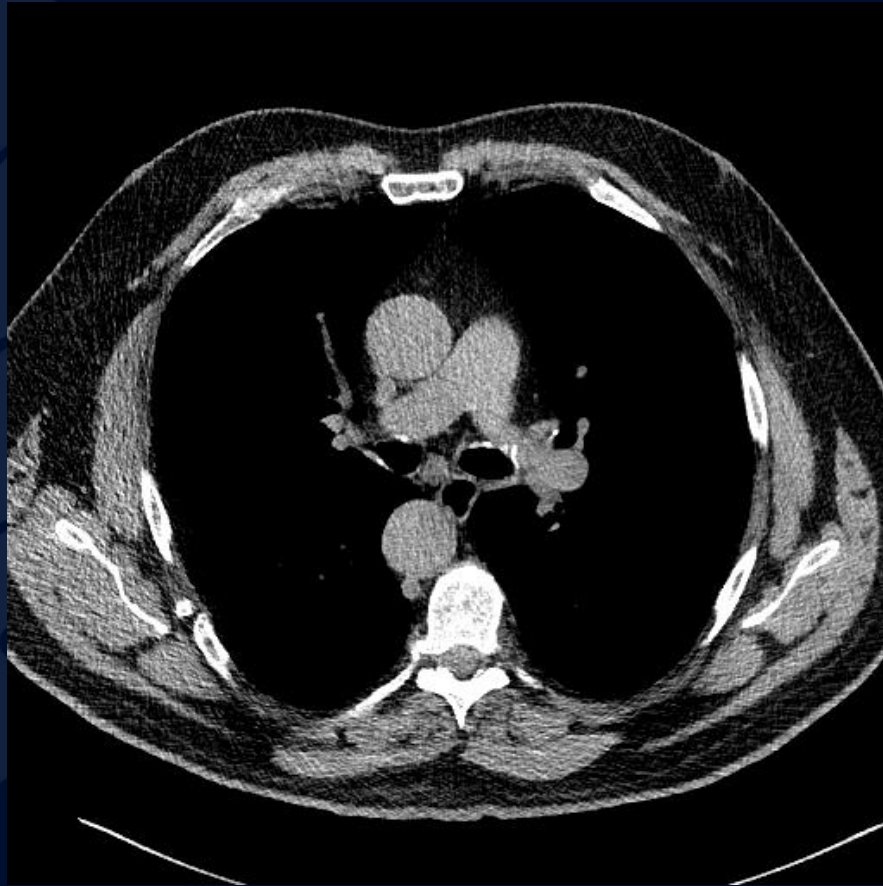
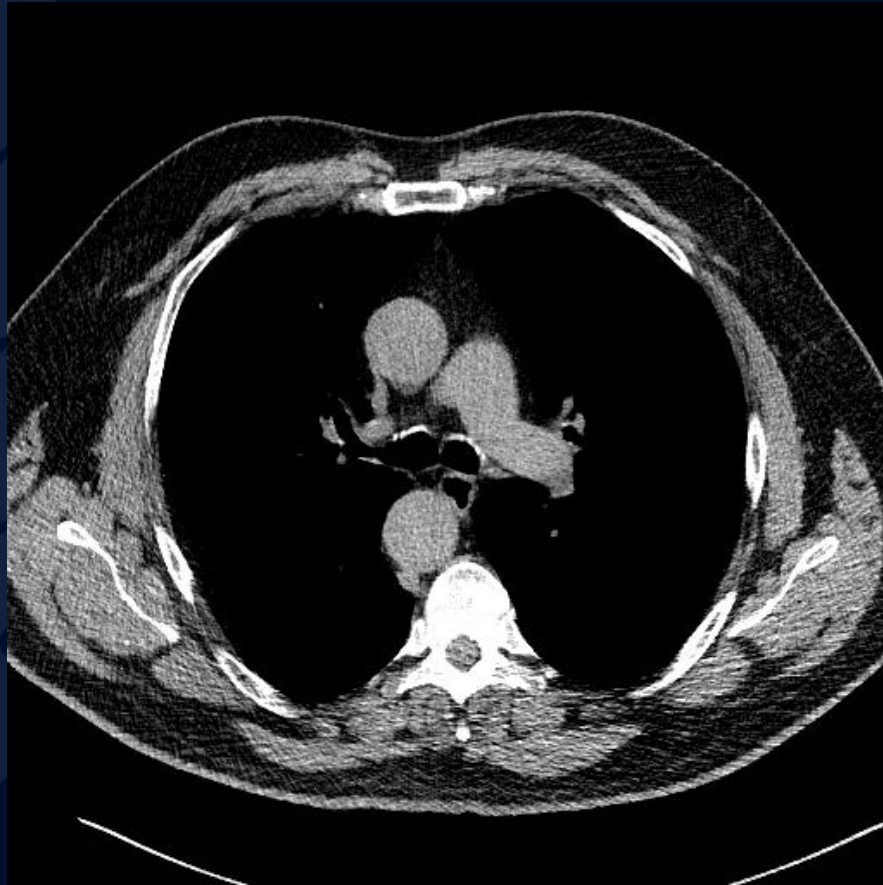


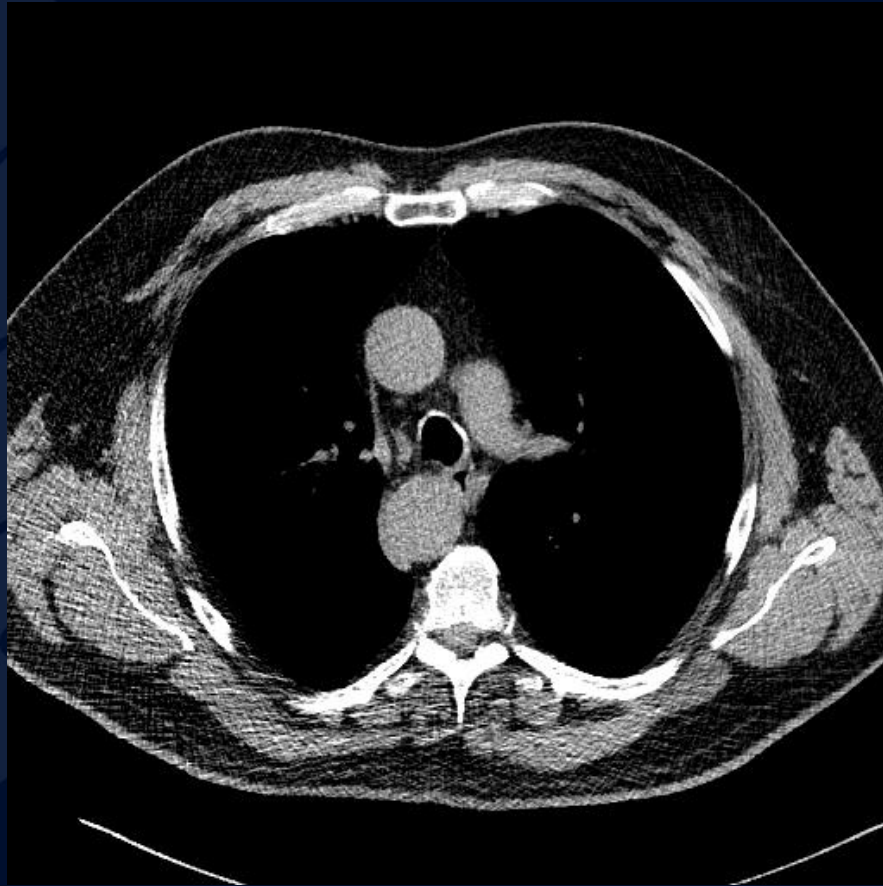
# 56M Incidental finding

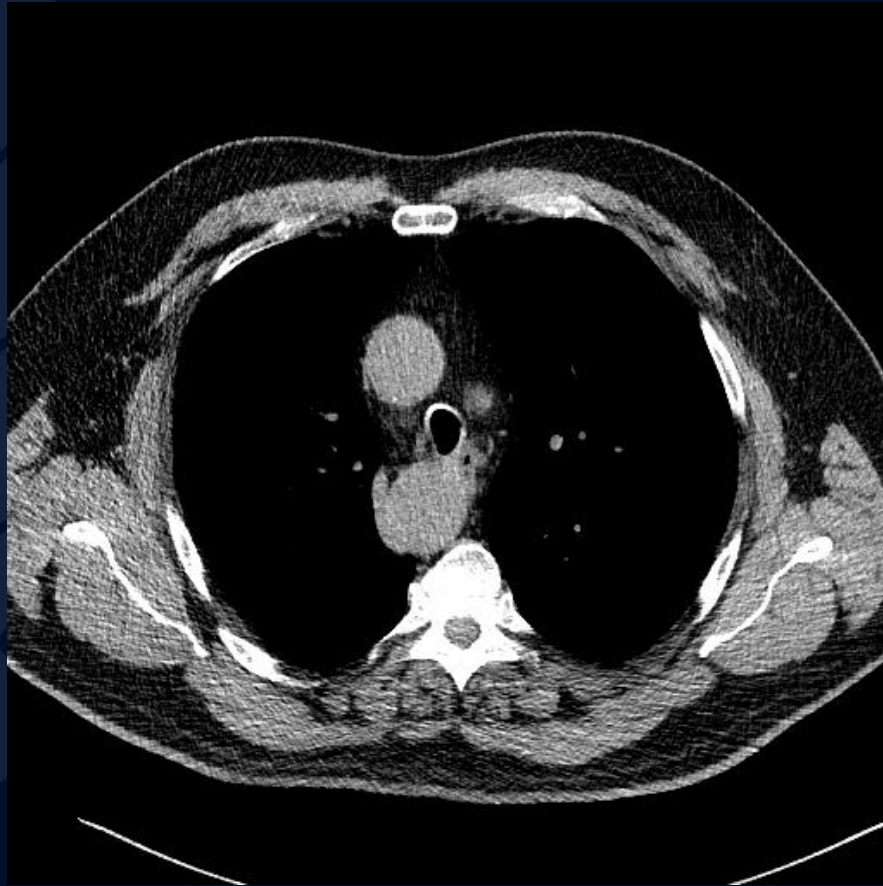
Krithika Srikanthan, MD

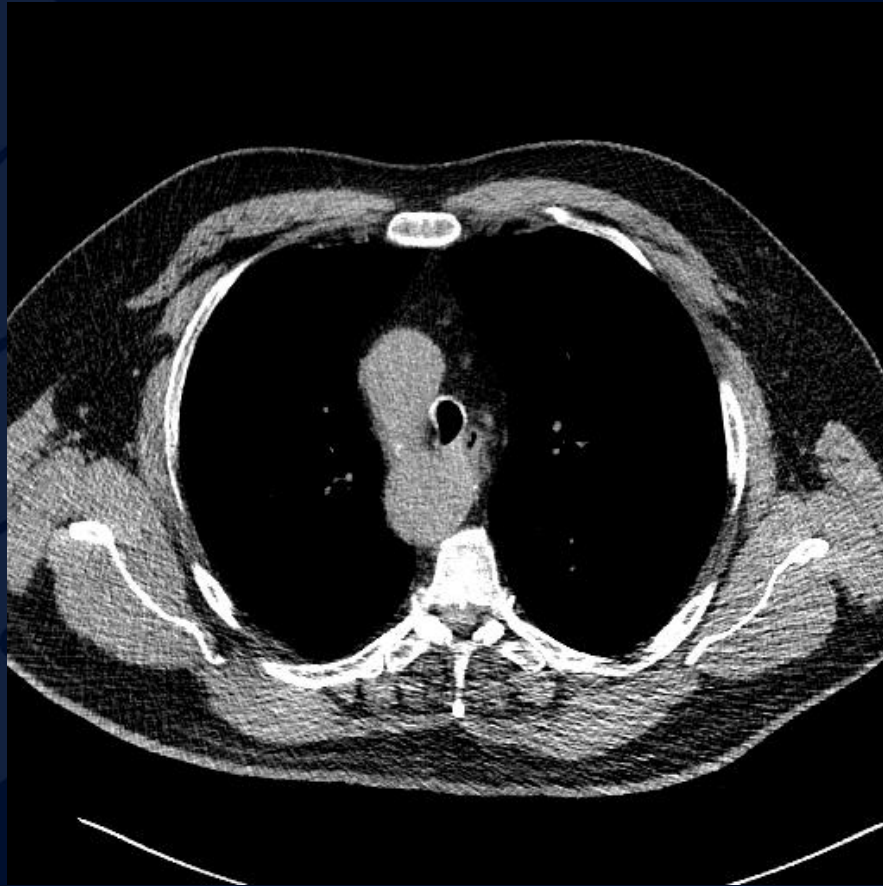


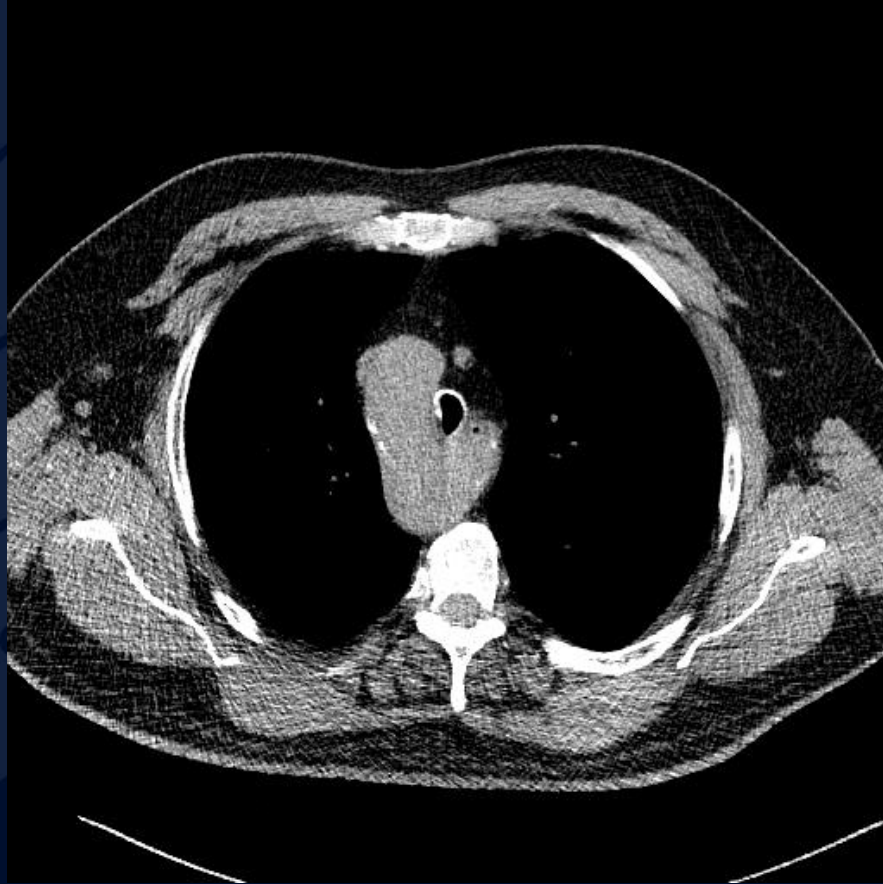




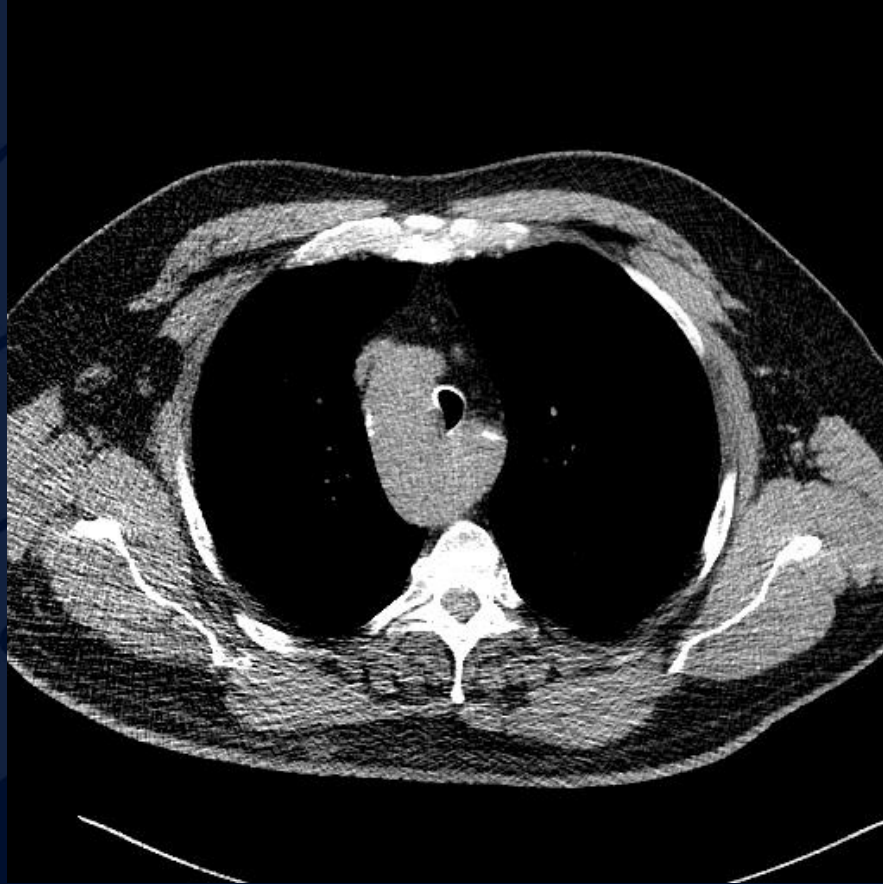


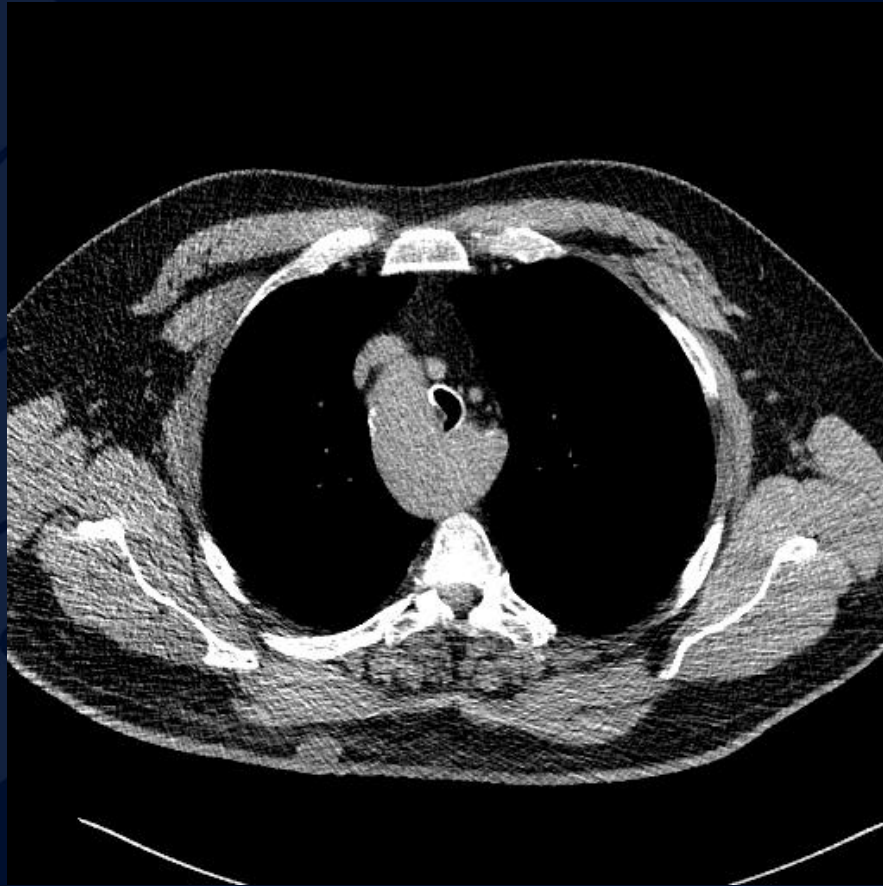




















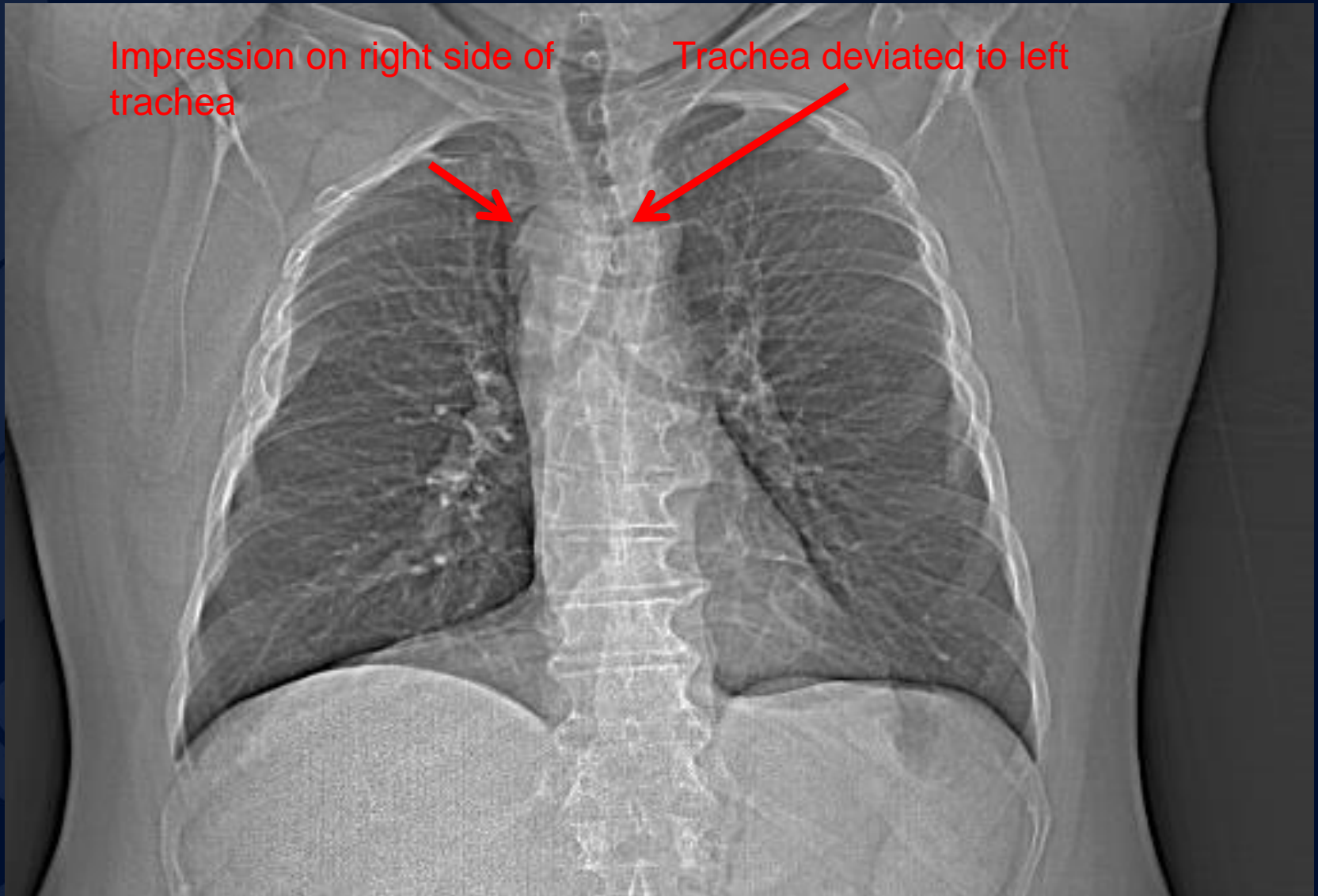


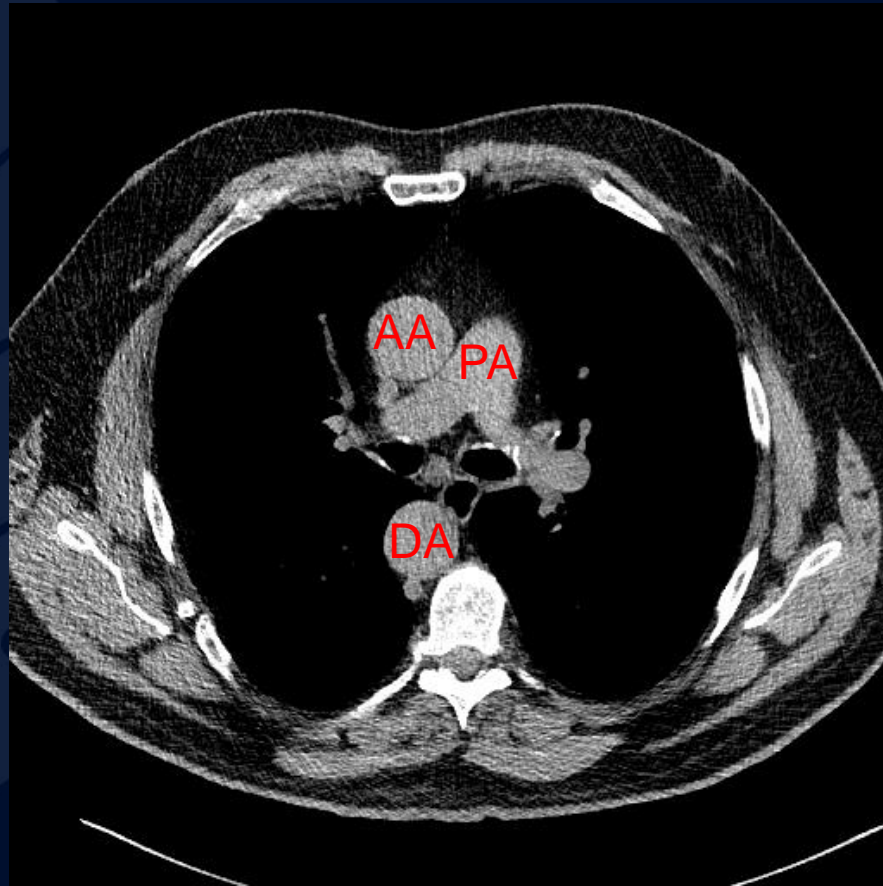
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

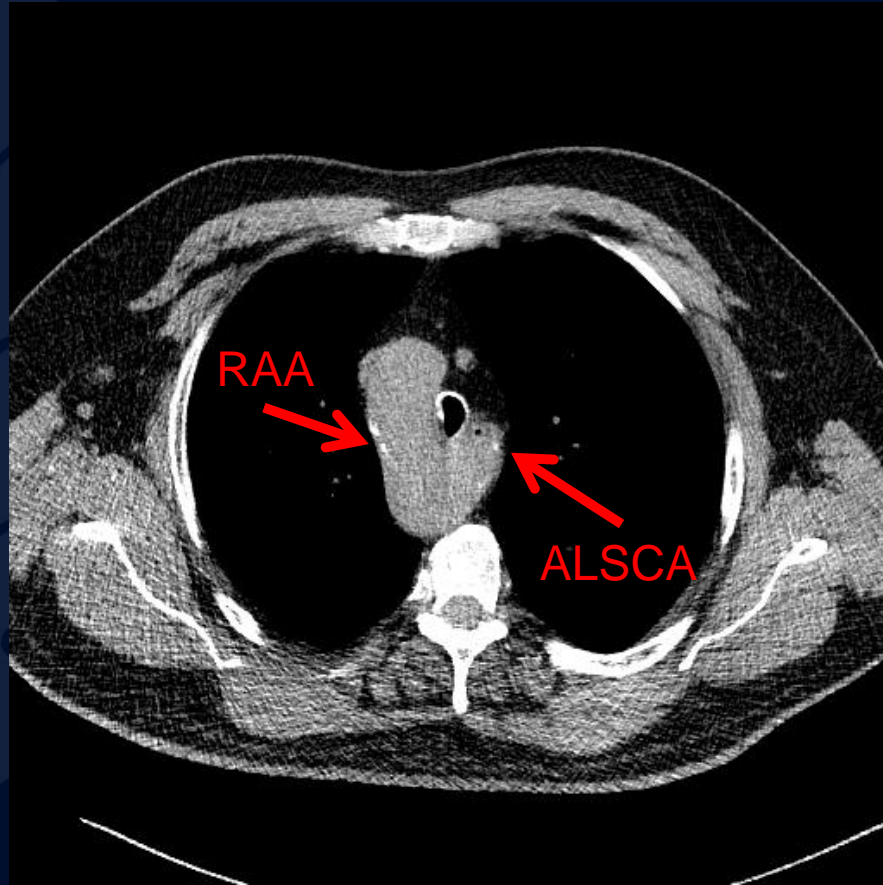
?

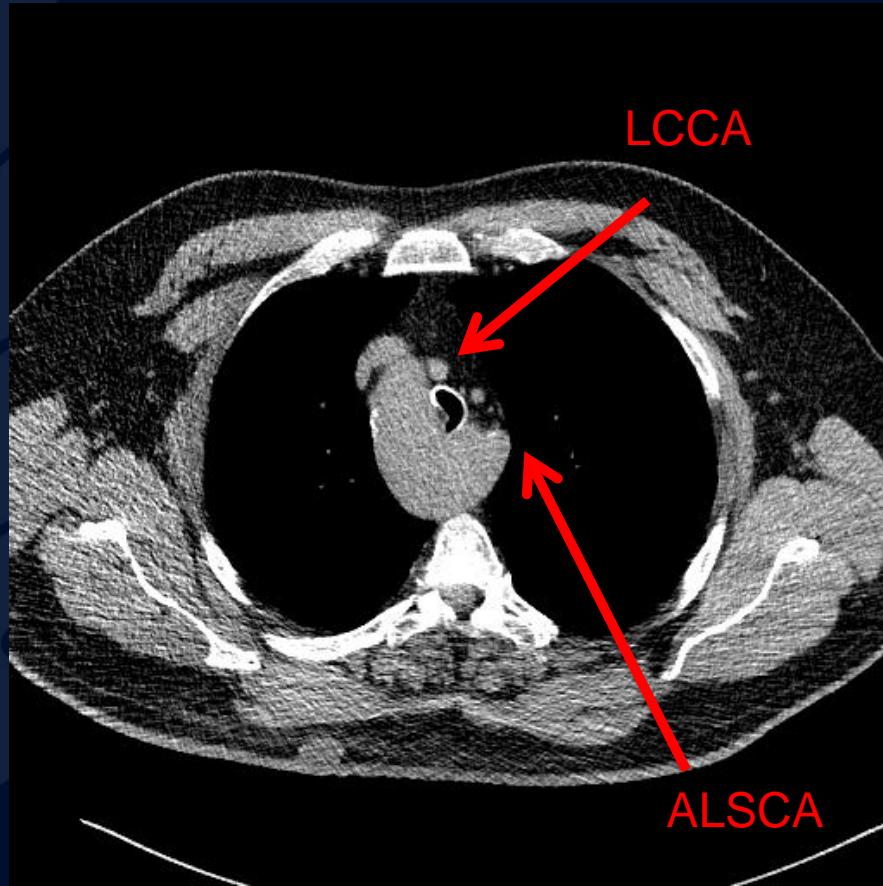


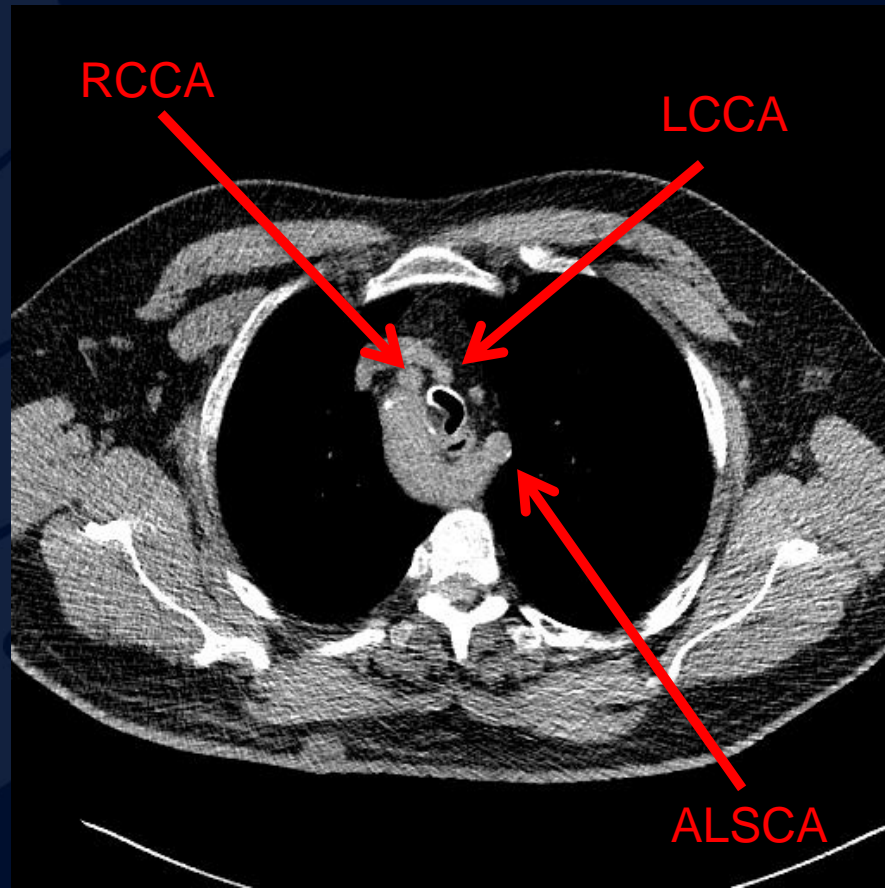
# Right Aortic Arch with Aberrant Left Subclavian Artery (ALSA)

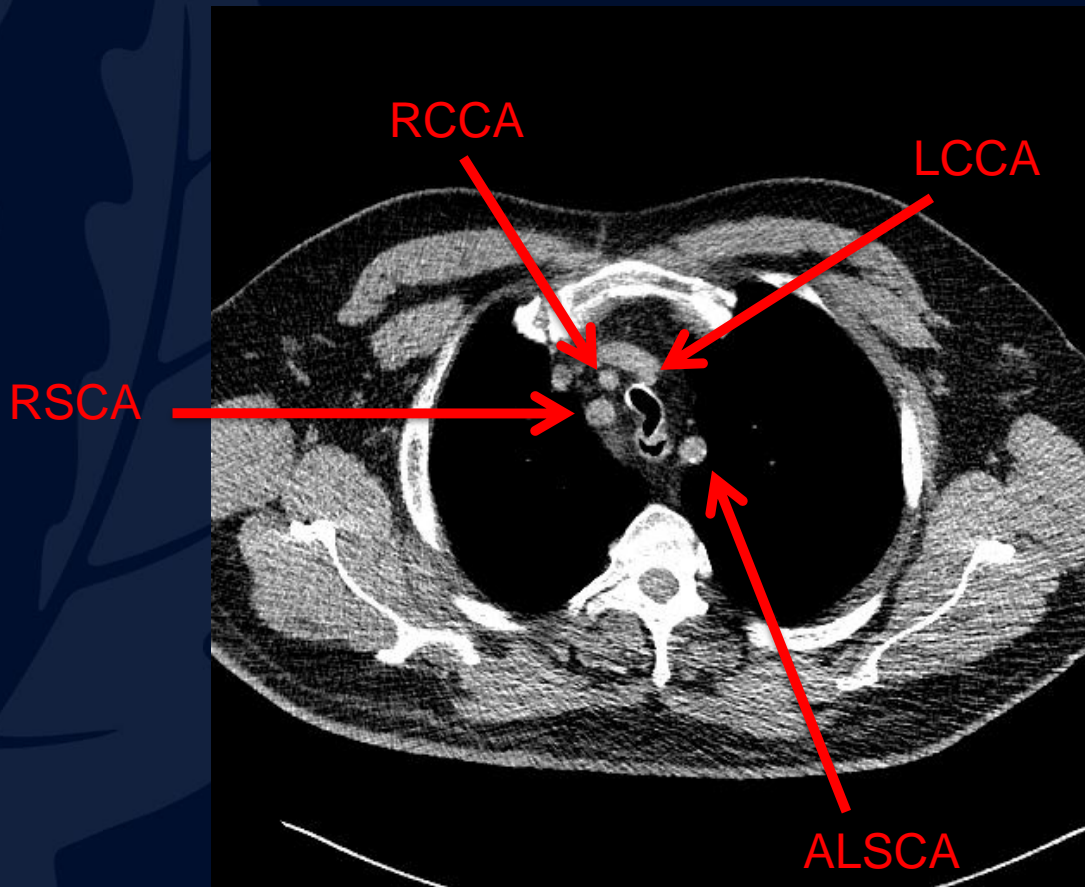












# Imaging Findings

- Radiograph: Right paratracheal rounded opacity with leftward tracheal deviation
- CT:
  - Aortic arch courses to right of trachea
  - RAA with ALSA: Left carotid, right carotid, right subclavian, followed by retroesophageal ALSA



# Right Aortic Arch Types

- Uncommon (~ 0.05 - 0.1% of population)
- RAA with aberrant left subclavian artery (ALSA)
- RAA with mirror image branching
- RAA with isolation of left subclavian artery
- RAA with left descending aorta
- RAA with aberrant brachiocephalic

# 1. RAA with aberrant left subclavian artery (ALSA)

- Left carotid, right carotid, right subclavian, aberrant left subclavian arteries
- ALSA has retroesophageal course
- $\pm$  diverticulum of Kommerell at origin of ALSA
- Most common type
- Presentation: Rarely produces symptoms, usually incidental
  - can rarely cause esophageal and/or tracheal compression
- Rarely associated w/ cardiovascular abnormalities

## 2. Mirror Image Branching

- Left innominate artery, right carotid, right subclavian arteries
- 2<sup>nd</sup> most common type
- Presentation: usually as neonate/childhood

98% have congenital heart disease:

- \*tetralogy of Fallot
- \*truncus arteriosus
- \*tricuspid atresia
- \*transposition of the great vessels
- \* ASD/VSD

# Treatment for RAA

- None unless symptomatic
- Surgery for relief of dysphagia or stridor
- Surgery for aneurysmal dilatation of diverticulum of Kommerell

# References

1. Statdx
2. Radiopaedia