

Clinical Image

Radiological changes due to atypical aneurysms of the subclavian artery[☆]

Alteración radiológica secundario a aneurismas aberrantes de arteria subclavia

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A 76-year-old man was referred from the emergency department due to radiological changes. Background of interest included work in a coal mine for 9 years, former smoking habit (90 pack-years), a diagnosis of COPD treated with umeclidinium/vilanterol, and intermittent claudication. Reported symptoms were mMRC grade 2 dyspnea on exertion, unchanged

in the last year. The only finding on examination was reduced breath sounds in both lung fields. Imaging tests (Fig. 1) showed mediastinal widening with images significant for masses. A chest CT scan was requested.

Subclavian artery aneurysms are rare entities, representing 0.01% of peripheral aneurysms.¹ They are usually due to arteriosclerosis but are sometimes caused by trauma or degenerative diseases. Clinical manifestations are rare, and diagnosis is more common after an incidental finding simulating a lung mass on chest X-ray. Chest CT is a useful technique for differential diagnosis of this entity. Aneurysms can sometimes rupture, provoking a life-threatening situation that requires surgical intervention.²

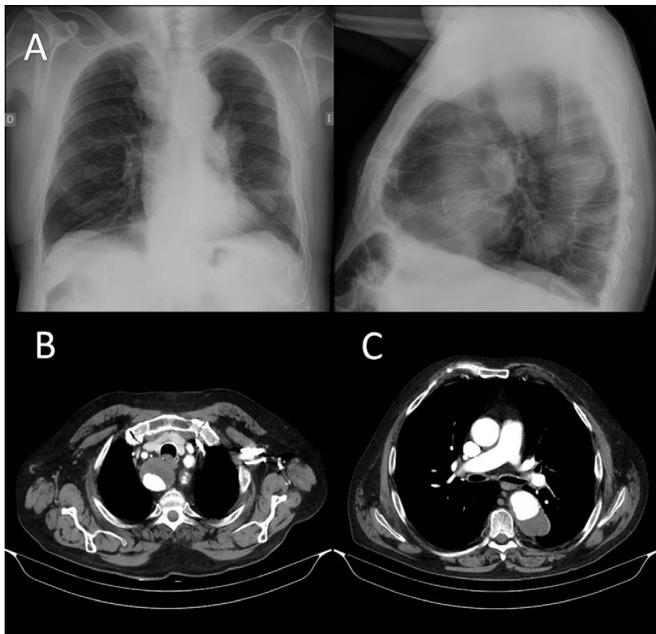


Fig. 1. (A) PA and lateral chest X-ray showing mediastinal widening with images significant for masses. (B) Chest CT with intravenous contrast, showing an aberrant right subclavian artery that originates in the aortic arch distal to the left subclavian artery, running behind the esophagus towards the right side, with a large, partially thrombosed aneurysm. (C) Partially thrombosed aneurysm of the descending aorta.

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