A 54-year-old man had sudden onset chest pain with radiation to back 4 years ago. Right-sided aortic arch, aberrant left subclavian artery, and type B dissection were noted. The symptoms resolved after conservative treatment. One month prior to this admission, he developed progressive dysphasia and exertional dyspnoea. Plain chest film showed widening mediastinum and marked anterior displacement of trachea. Computed tomography showed a huge Kommerell’s aneurysm with dissection flap and aberrant left subclavian artery. The trachea and oesophagus were significantly compressed. Thoracic aortic replacement from mid-arch to low thoracic aorta and reconstruction of both subclavian arteries were performed via right thoracotomy under partial cardiopulmonary bypass. The patient had an uneventful recovery.

Panel A. Chest X-ray shows an enlarged mediastinal silhouette.
Panel B. Lateral plain film shows anterior displacement of trachea (arrow).
Panel C. Chest CT-scan shows retrotracheal aneurysm with dissection flap.
Panel D. Reconstructed chest CT-scan shows aberrant left subclavian artery originated from the dissecting aneurysm.
Panel E. Post-operative MRI shows bypass graft (G) of thoracic aorta and four individual arch vessels (arrow).
Panel F. Post-operative reconstructed CT-scan shows patent left subclavian artery graft in the residual aneurysm cavity (arrow).