Kommerell’s Diverticulum: Anomalous Anomaly!

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Description

Kommerell’s diverticulum is an anomalous aneurysmal dilatation of the descending thoracic aorta, often associated with an anomalous origin of the right subclavian artery which has been reported in 0.4\% to 2.0\% of thoracic angiographic studies; other less common configurations, including anomalous left subclavian artery, have been described in the literature (1).

It can be present in 20-60\% of patients with an aberrant subclavian artery, and has the potential to cause aneurysmal dilation, rupture or dissection of the aorta if left untreated. It is symptomatic in greater than 60\% of patients; most common presenting symptoms include dysphagia and esophageal spasms, in addition to disordered sleep, dyspnea, atypical chest pain, and cough (2).
Treatment options, based on anatomy, center and operator experience, and other comorbid conditions, include surgical repair, hybrid surgical – endovascular repair, or complete endovascular intervention when the diameter of the diverticulum orifice is > 3.0 cm or adjacent aortic diameter is > 5.0 cm (3). Kommerell’s diverticulum was described by Burckhard Kommerell, a German radiologist, in 1936 (4).

References


Reference this article as: