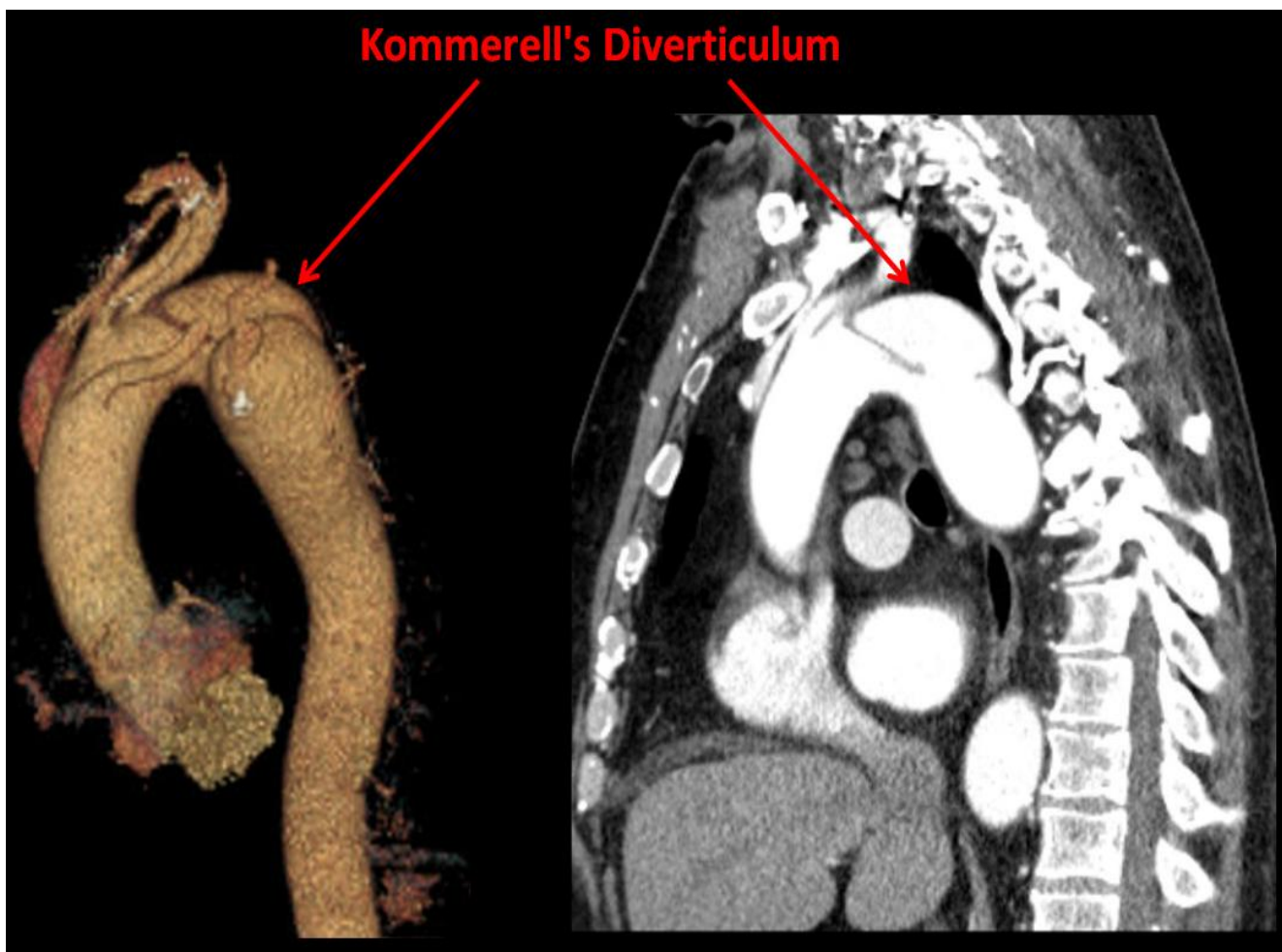


Kommerell's Diverticulum: *Anomalous Anomaly!*

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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 dilatation, 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].

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