Variants of the branches of the aortic arch are rare and may cause relevant symptomatology. In this case we present CT axial (Fig. 1a), MPR (Fig. 1b) and Volume Rendering (Fig. 2) images in a patient with combination of common bi-carotid trunk and aberrant subclavian artery which causes esophageal compression (dysphagia lusoria).

Fig. 1. CT axial image (a) evidences the anomalous origin of both carotid arteries from a unique trunk and demonstrates the presence of an aberrant right subclavian artery which passes ahead the thoracic spine inducing extrinsic compression of the esophagus. The origin of the bi-carotid trunk, which arises directly from the aortic arch, is more clearly viewable in the MPR image (b).

Fig. 2. Pre-operative CT-Volume Rendering image (a) demonstrates the anomalous origin of the branches of the aortic arch: from left to right can be seen the left subclavian artery (LS), left and right carotid arteries (LC-RC) from the common trunk and aberrant right subclavian artery (RS). The post-operative image (b) demonstrates the perfect outcome after reconstructive surgery: the aberrant artery was ligated at its origin and the proximal portion was resected; the distal portion was carefully trimmed and subsequently anastomized with the right carotid artery. Artifacts from metallic clips were removed in post-processing.

Appendix A. Supplementary data