A 36-year-old patient under study due to extracardiac pathology (dysphagia), to whom, as part of its diagnostic examination, a magnetic resonance angiography, where an aortic arch oriented to the right with the independent birth of the four neck vessels, is detected. A developed left subclavian artery, which at first seems to be an image of double aortic arch, but really, it represents an origin from the holdover of the left arch which forms a Kommerell diverticulum. (1-2)

The aortic arch at the right forms a relatively common congenital anomaly that occurs in the 0.05% of the population. We can see three different types:

1- Aortic arch at the right with aberrant origin of the left subclavian artery: is the most common type, (our case is an example). This condition is not associated with other cardiac malformations. (3)

2- Aortic arch at the right, with mirror image of the neck vessels origin: is rare and generally it is associated with cyanotic congenital cardiopathy, especially, tetralogy of Fallot.

3- Aortic arch at the right with isolation of the left subclavian artery: is the most rare, in which, the left subclavian has no connection with the aorta but it is connected with the pulmonary artery, through a persistent duct which may cause a syndrome of subclavian theft or vertebrobasilar insufficiency. It is rarely associated with other congenital cardiopathies. (4)

The presence of an aortic arch at the right, associated or not associated with abnormalities of the neck vessels origin may form a vascular, total or partial, ring, producing respiratory or digestive pathology due to the compression of adjacent structures.

**BIBLIOGRAPHY**