

of the extravasation. Post-procedure follow-up showed normal pericardium (Figure 5). The follow-up was continued in coronary intensive care unit.

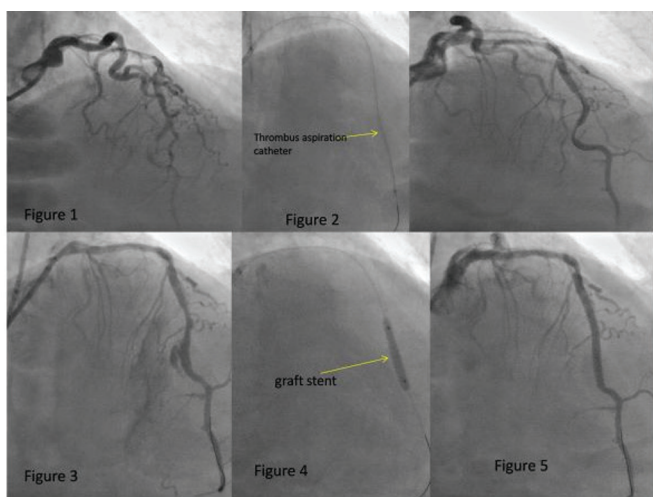


Figure 1. 95% thrombosed stenosis was detected in left anterior descending artery. Figure 2. Thrombus aspiration. Figure 3. Ellis Type III coronary perforation. Figure 4. Graft stent was implanted. Figure 5. The control images revealed complete resolution of the extravasation.

#### PP-166 THE LONGEST DOCUMENTED LEFT MAIN CORONARY ARTERY IN WOMEN

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The left main coronary artery (LMCA) is generally considered to be between 5 and 15 mm long. We have reported a female patient with 39.7 mm in length LMCA and moderate mitral stenosis.



Figure 1. Long left main coronary artery (arrow).

**Case:** A 58-year-old female patient with a history of mitral stenosis admitted to the hospital for evaluation of progressive dyspnea and palpitation. Her functional capacity was II according to the New York Heart Association classification. The patient was 160 cm high and weighed 61 kg. The electrocardiogram revealed atrial fibrillation with high ventricular rate. The echocardiography revealed mild mitral and tricuspid valve regurgitation, moderate mitral stenosis (gradient: 26/12 mmHg), enlarged right atrium

and ventricle, pulmonary hypertension (66 mmHg), with normal ejection fraction (60%). On the second day of hospitalization coronary angiography and cardiac catheterization were planned. On coronary angiography, a long LMCA (39.7 mm in length) and normal coronary arteries were documented (Fig. 1). Due to the patients symptoms, mitral stenosis (mitral valve area: 1.1 cm<sup>2</sup>), and pulmonary hypertension we performed mitral balloon valvuloplasty. Postoperative planimetric mitral valve area was 1.9 cm<sup>2</sup> at the echocardiographic images. She was discharged without any complications after one day. The patient is currently on follow up with medical treatment.

**Discussion:** The LMCA ranges from 3 to 6 mm in diameter and may be up to 10 to 15 mm in length in humans. In an anatomical study, the longest left main trunk was reported to be 23 mm long. The average length of the left main coronary artery was 10.8±5.52 mm (range=2–23 mm). The longest reported length were 43 mm in man and 38 mm in woman. Our case is interesting because of its the longest angiographically documented LMCA (39.7 mm) in a female patient.

#### PP-167 THE RIGHT CORONARY ARTERY ORIGINATING FROM LAD VISUALIZATION OF ANOMALOUS CORONARY ARTERY BY CARDIAC CT (64-MDCT)

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Early identification and evaluation of rarely anomalous coronary anatomy is quite relevant because of the occurrence of sudden cardiac death or related symptoms of myocardial ischemia. Selective coronary angiography (CAG) is invasive, expensive and cannot always provide the required information adequately. Recently, non-invasive imaging techniques such as multidetector-row computed tomography (MDCT) have been shown to provide a good anatomical view of the coronary artery tree.

Cardiac CT has become widely available as a diagnostic test. It is noninvasive, low risk (for contrast allergies), quick, and highly sensitive for identifying the coronary origins and course.

This study aims to demonstrate the value of MDCT for evaluation of anomalous coronary anatomy. Because congenital coronary abnormalities are often difficult to diagnose, most patients are asymptomatic.

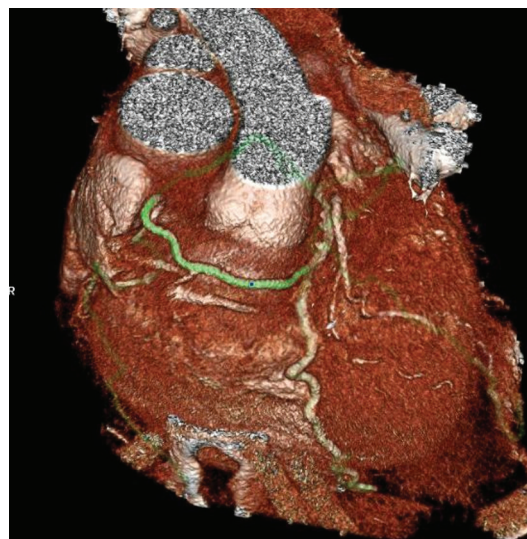


Figure: The right coronary artery originating from LAD.