FILMS IN REVIEW

Left circumflex coronary artery is continuing to form the right coronary artery – Angiographic imaging

A Forty-six year old previously asymptomatic diabetic and not hypertensive female medical practitioner was admitted with a sudden onset of exertional chest discomfort that subsided spontaneously without any medication. Clinically she is anxious and the ECG, X-ray chest, echocardiography, blood chemistry and other parameters were normal. She achieved 9.2 METs in Treadmill exercise test at Bruce protocol stage 3 and developed rapid upsloping of ST segment with sweating and chest discomfort at a heart rate of 175 bpm in peak exercise which rapidly returned to normal in the immediate proximate post exercise period.

Figure 1 Aortic root angiogram (LAO cranial view).

Figure 2 Coronary angiogram (LAO cranial view).

Figure 3 Coronary angiogram (RAO caudal view).
recovery period and symptom free. Invasive coronary angiography was done which is as follows.

Fig. 1 (aortic root angiography) reveals non visualization of the origin of right coronary artery and an isolated single left coronary artery.

Figs. 2–4 reveals left circumflex coronary artery is continuing to form right coronary artery.

This is a rare congenital coronary anomaly. The chest discomfort is due to tachycardia related episodic ischemia and nitrates are contraindicated. She is asymptomatic on further follow up of 3 years with routine normal activities without any further treatment and advised to avoid overexertion.

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