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Case Report

Anomalous origin of left circumflex artery from pulmonary artery



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ARTICLE INFO

Article history:

Received 18 August 2013

Accepted 5 December 2013

Available online 22 December 2013

Keywords:

Coronary artery anomaly

Anomalous left circumflex

Congenital coronary anomaly

A 45-year-old gentleman, with no coronary risk factors had a mildly positive exercise stress test. Clinical examination ECG and chest X-ray were normal. Coronary angiogram showed ectatic left anterior descending (Fig. 1A, Video 1) and right coronary artery (Fig. 1B, Video 2) collateralizing the left circumflex artery which was seen to drain into main pulmonary artery. A coronary CT angiogram showed an anomalous origin of left circumflex artery from the right pulmonary artery (Fig. 1C and D).

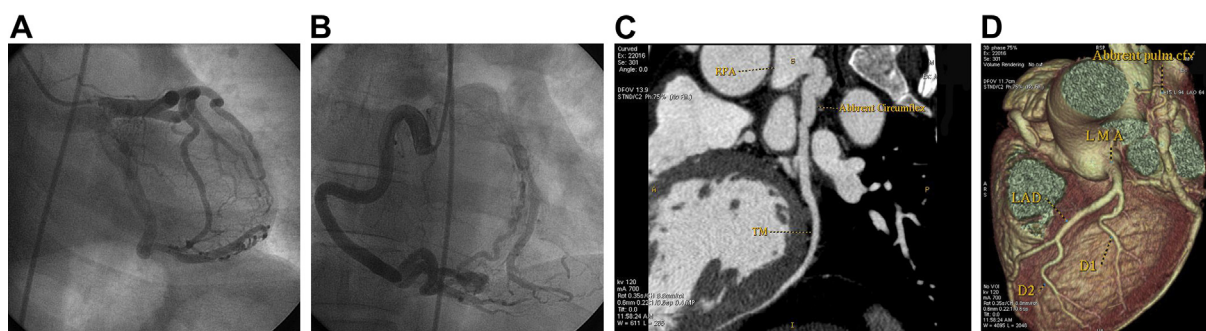


Fig. 1 – Anomalous origin of left circumflex artery from pulmonary artery. (A) Left coronary angiogram (RAO projection) showing LCX (arrow) filling through collaterals from LAD and draining into MPA. (B) Right coronary angiogram (AP projection) showing LCX (arrow) filling through collaterals from RCA and draining into MPA. (C) CT angiogram showing anomalous origin of LCX from RPA. (D) CT reconstruction showing anomalous origin of LCX from RPA. RAO – Right Anterior Oblique; LCX – Left Circumflex; RCA – Right Coronary Artery; AP – Antero Posterior; RPA – Right Pulmonary Artery; MPA – Main Pulmonary Artery.

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<http://dx.doi.org/10.1016/j.ihj.2013.12.027>

Supplementary video related to this article can be found at <http://dx.doi.org/10.1016/j.ihj.2013.12.027>

Anomalous LCX arising from PA is rare and incidentally detected.^{1,2}

Conflicts of interest

All authors have none to declare.

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