

SINGLE CORONARY ARTERY FROM THE RIGHT SINUS OF VALSALVA, ASSOCIATED WITH MYOCARDIAL ISCHEMIA, A CASE REPORT

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Hastada miyokardiyal iskemiye yol açan aterosklerozsuz sol koroner arter anomolisi gösterildi. Sol koroner arterin sağ koroner ostiyumundan çıktığı, tek bir koroner arter görüntüsü veren olgu sunuldu.

Anahtar Kelimeler: Single coronary artery, Coronary angiography, Coronary artery disease

(Türk Girişimsel Kard. Der. 2007;11: 188-189)

INTRODUCTION

Between 0.6% and 1.55% of the adults who undergo cardiac catheterization have coronary anomalies¹. Anomalous coronary arteries are not spared from obstructive coronary artery disease (CAD): its incidence in the anomalous vessel is as high as 68%, and some anomalies are much more likely than others to develop significant disease². A left main originating from the right coronary sinus is supplying a greater extent of the myocardium and is associated both with an increased incidence of symptoms and of sudden cardiac death.

CASE REPORT

A 43 years old woman presented with chest discomfort. Electrocardiography was normal. Patient had a abnormal treadmill exercise testing. Angiography demonstrated single coronary artery from the right sinus of valsalva without atherosclerosis (Figure 1,2).

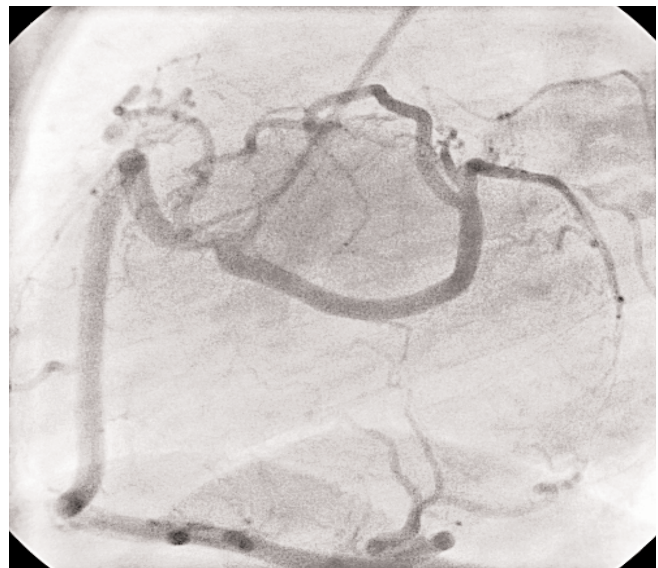
DISCUSSION

An aberrant origin of the left main coronary artery (LM) or left anterior descending coronary artery (LAD) from the right sinus of Valsalva is a rare anomaly that has been associated with myocardial ischemia and

sudden cardiac death. Depending on the anatomic relationship of the anomalous vessel to the aorta and the pulmonary trunk, the anomaly can be classified into 4 common courses: posterior, interarterial, anterior, and septal course.

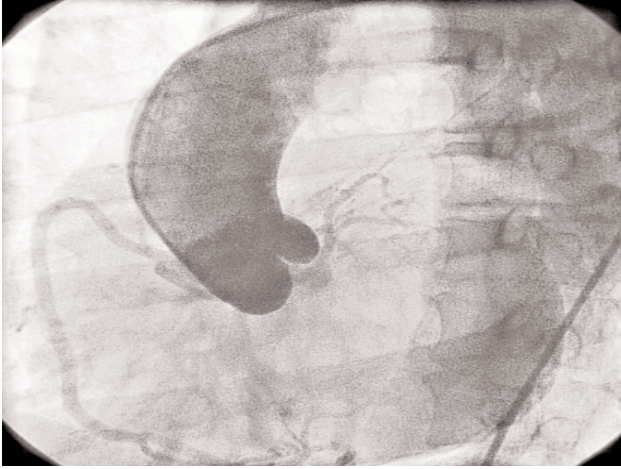
We present the case of a patient in anomalous origin of the left coronary artery that caused myocardial ischemia. Coronary angiography showed that the left coronary artery arose from the right coronary ostium anomaly that has been associated with chest discomfort without atherosclerotic lesions. The possibility of such an artery anomaly should always be con-

Figure 1: Single coronary artery



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Figure 2: Single coronary artery



sidered in young individuals with a history of chest pain or syncope.

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