Tripleright coronary artery accompanied by an ectopic circumflex artery arising from right sinus of Valsalva

A 41-year-old man with acute anterior myocardial infarction underwent early coronary angiography after thrombolytic therapy. Selective left coronary arteriography revealed a left anterior descending artery (LAD) with compromised opacification and an obtuse margin (OM) artery (opacified by collateral flow) (Fig. 1). The circumflex artery (Cx) was not visualized in the usual location. The right coronary arteriography demonstrated a triple right coronary artery (RCA) and an ectopic Cx artery arising from right sinus of Valsalva and giving off the severely stenotic OM artery (Fig. 2, 3). One of the RCAs (RCA1) followed the course of atrioventricular groove and terminated by giving off the posterior descending artery. The other RCA (RCA2) was found to arise from a separate ostium in the right sinus of Valsalva and run parallel to RCA1. The right coronary artery was also found to give rise to another RCA (RCA3) about 2 cm downstream. Multiple RCA with or without ectopic origin of coronary arteries is an extremely uncommon anomaly. Even though the clinical significance of double or triple RCA is still obscure, angiologists and surgeons should be familiar with this rare entity.
the origin of the left subclavian artery and the left superior pulmonary vein was not demonstrated on the view of suprasternal position. Because of the controversies between the electrocardiogram and diagnosis of the patient cardiac catheterization was performed. Cineangiograms showed a mild narrowing of the descending aorta below the origin of left subclavian artery with a gradient of 22 mmHg and the levogram phase of a right ventricle arteriographic injection confirmed that a single anomalous vein draining the left upper lobe entered the innominate vein (Fig. 1, Video 1. See corresponding video/movie images at www.anakarder.com). Magnetic resonance angiography was performed for confirming and clarifying the findings of cardiac catheterization (Fig. 2).

Partial anomalous pulmonary venous return can rarely occur with coarctation of the aorta. All reported cases in the literature had multiple pulmonary venous return anomalies unlike the presented case. In this case, only left upper pulmonary vein draining the left upper lobe and entering the innominate vein was demonstrated.

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Takotsubo cardiomyopathy mimicking acute high lateral myocardial infarction

Akut yüksek lateral miyokard infarktüsünü taklit eden Takotsubo kardiyomiyopatisi

A 47-year-old-woman was admitted to emergency department because of severe chest pain of an one hour in duration. The patient had no coronary

Figure 1. Levogram from a right ventricle angiogram demonstrates drainage of left upper lobe by the anomalous pulmonary vein into the vertical vein, which drains into the innominate vein. The other pulmonary veins drain normally into the left atrium

Figure 2. Contrast enhanced magnetic resonance angiography images reformatted in the coronal (A) and oblique sagittal planes (B) show an aortic coarctation distal to the left subclavian artery origin. Note also the abnormal drainage of the left superior pulmonary veins to the innominate vein

Figure 1. Electrocardiogram on presentation (A) displays significant for ~ 1mm ST elevation in I and aVL leads, mimicking acute high lateral myocardial infarction. Electrocardiogram on the eight day (B) showed inverted T waves in precordial leads and I-aVL