Triple right 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.

Partial anomalous pulmonary venous return associated with coarctation of the aorta

A six-year-old male patient was referred to our hospital with the diagnosis of coarctation of aorta. On his physical examination femoral pulses were weak and blood pressure on his right arm was 120/60 mmHg and the blood pressure in the lower extremities was 90/60 mmHg. A 2/6 grade systolic ejection murmur, which was transmitted to the neck, was heard best on the neck between the scapulas and also at the mesocardial region. The electrocardiogram showed right axis deviation and right ventricular hypertrophy. His chest X-ray was normal. Echocardiographic examination revealed mild narrowing of the descending aorta just below