A 30-year old man was admitted to the hospital after successful resuscitation of cardiac arrest with documented ventricular fibrillation. He had no history of heart disease or relevant familial history of heart diseases. He had no known risk factors for sudden death. In cardiovascular examinations, a continuous murmur was found in both systole and diastole at the upper left sternal border. Electrocardiogram and chest radiography results were normal. Routine biochemical investigations and cardiac enzymes were in the normal range. Echocardiography showed a left ventricular ejection fraction of 60% and normal regional wall motion, no structural heart disease, and no intracardiac shunt. Coronary angiography revealed one fistula from the conus branch of the right coronary artery (Fig. A, Video 1*) and two fistulas from the proximal part of the left anterior descending artery draining into the main pulmonary artery (Fig. B, C, D, Video 2*). The fistulas form a network with aneurysmal dilatation before entering the main pulmonary artery. ECG-gated multidetector computed tomography was performed in order to further evaluate the fistulas associated with aneurysmal dilatation (Fig. E, F).

**Figures** (A-D) Selective right coronary arteriogram in anterior oblique view showing fistula from conus branch to main pulmonary artery (asterisks). (E) Selective left coronary arteriogram in lateral view showing fistulas from proximal part of left anterior descending artery to main pulmonary artery. (asterisks). (F) Volume rendering image clearly demonstrated the course of fistulas and the size and shape of the aneurysm (asterisks). Conus branch of right coronary artery (arrows) draining into the main pulmonary artery. PA: Pulmonary artery; AO: Aorta. *Supplementary video files associated with this presentation can be found in the online version of the journal.