



Egyptian Society of Cardiology
The Egyptian Heart Journal

www.elsevier.com/locate/ehj
www.sciencedirect.com



CASE REPORT

Anomalous origin of left main coronary artery from the right sinus of Valsalva presenting as non ST elevation acute coronary syndrome: A case report

Anish Hirachan^{a,*}, Arun Maskey^b, Gopi Prasad Hirachan^c, Madhu Roka^{d,*}

^a National Academy of America Sciences, Kathmandu, Nepal

^b Sahid Gangalal National Heart Centre, Kathmandu, Nepal

^c Gandaki Medical College, Pokhara, Nepal

^d Sahid Gangalal National Heart Centre, Bansbari, Kathmandu, Nepal

Received 14 October 2016; accepted 10 February 2017

KEYWORDS

Anomalous origin;
Congenital;
Sinus of Valsalva

Abstract Congenital anomalies of the coronary arteries are a cause of sudden cardiac death. Of the known anatomic variants, anomalous origination of a coronary artery from an opposite sinus of Valsalva (ACAOS) remains a major clinical issue and a challenging condition to treat. Congenital coronary anomalies are likely to be under-recognized, as completing an anatomic assessment in a very large portion of the population would seem unfeasible. However, we present a case report with image of a 49 year old male presented with acute non-ST elevation ACS for which he underwent diagnostic angiography of the coronary system which revealed a common origin of both right and left main coronary artery from right sinus of Valsalva with significant obstructive lesion in the mid segment of right coronary artery. However, due to financial constraints CT angiography could not be done in this patient to identify the detail anatomy and the course of the anomalous left coronary artery origin (L-ACAOS). He was managed medically with dual antiplatelets, beta blockers, nitrates and ACE inhibitors.

© 2017 Egyptian Society of Cardiology. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Case report

A 49 year old male, with no past co-morbidities presented with retrosternal chest pain of 2 day duration with increased severity few hours prior to admission. He was evaluated and ECG

revealed ST depression in inferolateral leads with cardiac enzymes being positive. Other laboratory parameters included Hb% 13 g/dl, TLC – 7800/cumm, Platelets – 178,000/cumm, Na + 136 mEq/L, K + 4 Creatinine 0.8 mg/dl and urea 20 mmol/L. A diagnostic coronary angiography was done which revealed common origin of both the right main coronary artery and left main coronary artery arising from right sinus of Valsalva with obstructive disease in middle segment of right coronary artery. A detailed anatomic analysis of the coronary artery system and its course could not be defined

* Corresponding authors.

E-mail addresses: hirachananish@gmail.com (A. Hirachan), maskeyarun@yahoo.com (A. Maskey), hirachangopi7@gmail.com (G. Prasad Hirachan), madhuroka54321@gmail.com (M. Roka).

Peer review under responsibility of Egyptian Society of Cardiology.

<http://dx.doi.org/10.1016/j.ehj.2017.02.002>

1110-2608 © 2017 Egyptian Society of Cardiology. Production and hosting by Elsevier B.V.

This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

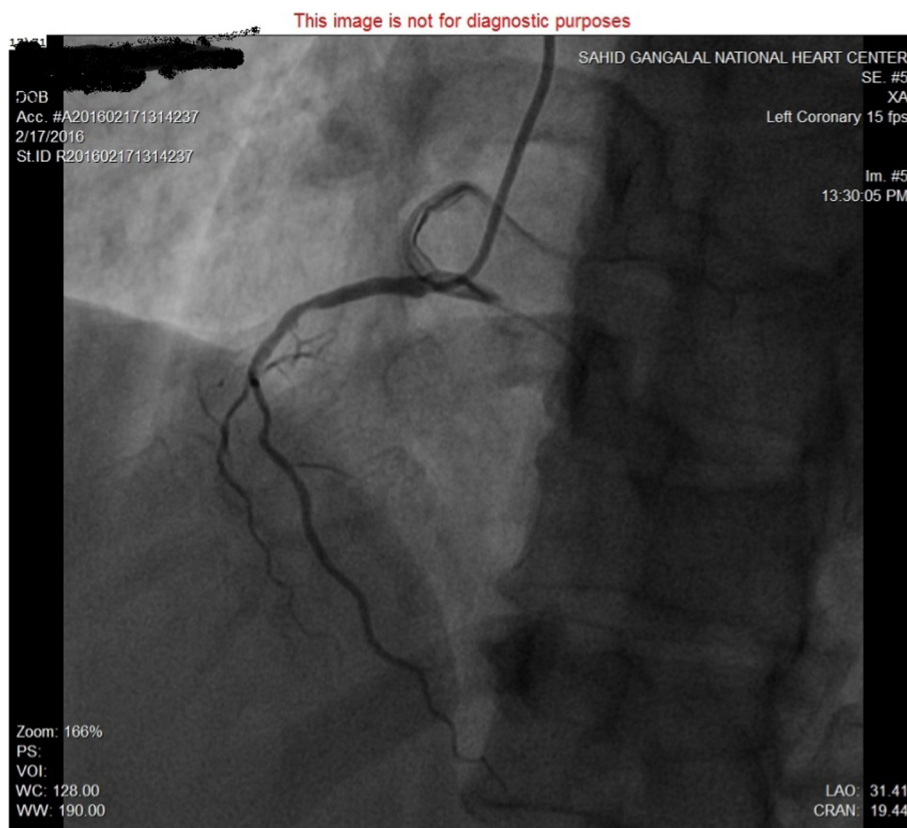


Figure 1 LAO cranial view showing common origin of both RCA main coronary artery and Left main coronary artery.



Figure 2 LAO view to show same origin of both coronaries.

Download English Version:

<https://daneshyari.com/en/article/5601804>

Download Persian Version:

<https://daneshyari.com/article/5601804>

[Daneshyari.com](https://daneshyari.com)