Congenital anomalous origin of the left main coronary artery from the innominate artery in a 73-year-old woman

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Figure 1) Injection of the aortic root, which faintly demonstrates the prolonged course of the left main coronary artery (LMCA; arrows)

A 73-year-old woman was referred to the outpatient clinic because of retrosternal chest pain. During the previous 10 days, she had been suffering from angina pectoris triggered by minimal exertion. At the subsequent angiographic evaluation, the left coronary system was not selectively visualized. The right coronary artery was in the normal location and had two consecutive 95% stenosis in the proximal section. The left coronary artery did not originate from the right sinus of valsalva and hence, aortography was performed. On aortography, the left main coronary artery (LMCA) was observed to originate from the right innominate artery.

Figure 2) Selective angiography of the left system. The left main coronary artery was found to be 10 cm in length

Figure 1 shows an injection of the aortic root, which faintly demonstrates the prolonged course of the LMCA. On selective angiography of the left system, the LMCA was found to be 10 cm in length (Figure 2) and had a 50% lesion in the proximal segment. The proximal left anterior descending artery had 95% and 50% stenosis, and the proximal circumflex coronary artery showed a 95% stenosis. Consequently, an emergent coronary artery surgery was performed.

The present patient is the second adult described in the literature who had anomalous origin of the LMCA from the innominate artery but is the first patient with coronary artery disease. The other adult patient with a similar coronary anomaly was 37 years of age and presented with syncope (1).

REFERENCE

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