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Images in Cardiology: Subendocardial Calcification Leading to the Fortuitous Discovery of a Rare Coronary Anomaly

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FIG. 1 Selective coronary angiography of the left main coronary artery in (A) the right anterior oblique (RAO) and (B) left anterior oblique (LAO) projections. (C) Angiography of the right pulmonary artery in the LAO projection. (D) Ventriculography in the RAO projection before dye injection. See text for abbreviations.

A 50-year-old man with left ventricular subendocardial calcification since adolescence underwent coronary angiography showing the left anterior descending artery (LAD) with retrograde filling of the left circumflex artery (LCX) through collaterals (Fig. 1A, B) and opacification of the right pulmonary artery (RPA). Angiography of the RPA confirmed the anomalous origin of the LCX (Fig. 1C). Increased radiodensity of the left ventricular posterolateral wall corresponding to the territory of the LCX suggests subendocardial calcification secondary to chronic ischemia (Fig. 1D, arrowheads).

Subendocardial calcification of unknown origin limited to a defined coronary territory should evoke the possibility of an anomalous origin of a coronary artery from the pulmonary artery.¹

Reference

1. Wesselhoeft H, Fawcett JS, Johnson AL: Anomalous origin of the left coronary artery from the pulmonary trunk: Its clinical spectrum, pathology, and pathophysiology, based on a review of 140 cases with seven further cases. *Circulation* 1968;38:403–425