FIG. 1 Anteroposterior view showing the lead course. After emerging from the coronary ostium, the lead formed a very large retrograde loop in the right atrium, allowing optimal placement of the sensing electrodes.

lead, the latter method was appropriate both for placement of the atrial electrodes in the right atrium and for the lead tip stabilization after passive fixation at the apex of the right ventricle.

Conclusion

A persistent left superior vena cava does not prevent right atrial sensing during single-lead VDD pacing.

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Clin. Cardiol. 26, 441 (2003)

Images in Cardiology: Vieussens' Ring

ALFRIED GERMING, M.D., ANDREAS MÜGGE, M.D.

Department of Cardiology and Angiology, Berufsgenossenschaftliche Kliniken Bergmannsheil, University of Bochum, Bochum, Germany

FIG. 1 Right anterior oblique (RAO) 30° projection of the RCA showing the large conus branch passing upwards to the LAD.

FIG. 2 RAO 50° projection of the RCA focusing on the conus branch, the occlusion of the LAD, and its peripheral perfused part.

A 39-year-old male presented with stable angina of several months' duration. Past medical history was without any cardiac event. Stress tests and hemodynamics were normal. Coronary angiography showed a proximal occlusion of the left anterior descending (LAD) artery and a large conus branch of the right coronary artery (RCA) passing upward to provide collateral flow to the LAD. This phenomenon is known as Vieussens' ring and develops as a collateral flow

system with antegrade perfusion between the RCA and the left main artery.¹ In a follow-up period of 10 months during which there was no mechanical revascularization, no cardiac event or recurrent angina occurred.

Reference

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