Anomalous Right Coronary Artery Originating From Distal Left Circumflex Artery In A Patient With Acute Coronary Syndrome

Akut Koroner Sendromlu Bir Hastada Sirkumfleks Distalinde Çıkan Sağ Koroner Arter Anomalisi

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A 79-year-old woman was admitted to emergency department with typical retrosternal chest pain. The physical examination was normal. The twelve-lead electrocardiogram revealed sinus rhythm, QS pattern in leads V1-V2 and negative T waves in leads V1-V6 and aVL (Figure 1). The laboratory assessment revealed elevated creatinine phosphokinase isoenzyme (12 ng /ml) and troponin I (0.06 ng/ml) levels. Other biochemistry values were within the normal limits. She was diagnosed as acute coronary syndrome and she underwent early percutanous .intervention due to continuing cheat pain. We were not able to find out right coronary artery (RCA) either on right coronary angiography or on aortography (Figure 2A). Left coronary angiography revealed retrograde course of RCA originating from distal left circumflex artery (Figure 2B). A single coronary artery is commonly associated with severe cardiac malformations, but in this case we are not able to find other severe malformations. This case shows the rare isolated single coronary artery in a 79-year-old woman with acute coronary syndrome.

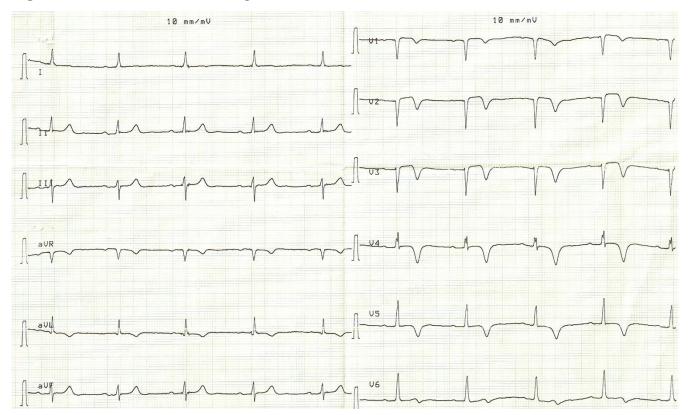


Figure 1: Twelve lead electrocardiogram.

Anomalous right coronary artery -

Figure 2. A: Aortography showing the absence of the right coronary artery ostium. **B:** Right anterior oblique cranial view showing that the right coronary artery arises from the distal left circumflex coronary artery.

