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Anomalous origin of the left coronary artery from the pulmonary artery in adulthood: Challenges and outcome

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Anomalous origin of the left coronary artery from the pulmonary artery (ALCAPA) is a rare potentially fatal congenital anomaly. It was first described by Brooks in 1886 with incidence of one in 3, 00, 000 live births (0.25% to 0.5%). The mortality rate is up to 90% in the first year of life, if left untreated with only 10% to 15% of patients survive into adulthood, due to extensive intracoronary collaterals with large dominant right coronary artery. Management of ALCAPA in adults is controversial and may range from ligation of anomalous left coronary artery, coronary artery bypass grafting to direct re-implantation. Anomalous origin of the left coronary artery from the pulmonary artery is an extremely rare but potentially fatal congenital anomaly with high mortality rate in first year of life. It present rarely in adulthood and may present with malignant ventricular arrhythmia or sudden death. We report a case of 49 years old female with ALCAPA presenting with dyspnea on exertion, managed with coronary artery bypass grafting to left anterior descending and obtuse marginal arteries with closure of left main coronary artery ostium with reestablishment of dual coronary artery system.

Biography

Jignesh Kothari currently works in U. N. Mehta Institute of Cardiology and Research Center (affiliated to B J medical college, Ahmedabad), India

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