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The valley of death- anomalous LMCA in an inter-arterial route

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A 59-year-old gentleman with exertional dyspnoea over last four months and positive stress test admitted for a coronary angiogram. Echo 2D revealed the origins of both coronary arteries at right coronary cusp. Coronary angiogram showed no coronaries at left cusp while both coronary arteries at anterior right sinus of Valsalva close to each other. RCA was dominant and had a mid-vessel tight lesion. In view of finding out the exact path of the anomalous LMCA we placed diagnostic catheters in both main pulmonary artery and aortic root and took a cine-angiogram simultaneously in RAO, LAO views. It was clear that the LMCA was traversing in an inter-arterial path with absence of “eye”, no septal branches from LMCA with normal length and a positive anterior dot sign. Anomalous LMCA originating in a right cusp could be septal, anterior, retro-aortic and inter-arterial, the last being the only malignant path. Detailed echo would help to locate the origin of coronary arteries while additional angiographic views are helpful to identify the true course of an aberrantly originated LMCA. Corrective surgery is depending on the type of anomaly, age and symptoms. Additional imaging modalities and multidisciplinary approach are essential in further management.