

Anomalous Origin of Right Coronary Artery from Left Anterior Descending Artery

Han Xiao, Yu Zhou, Jun Jin, Yaoming Song, Lan Huang and Xiaohui Zhao*

Cardiovascular Disease Research Center, Xinqiao Hospital, Third Military Medical University, Chongqing 400037, China

*Corresponding author: Xiaohui Zhao, Cardiovascular Disease Research Center, Xinqiao Hospital, Third Military Medical University, Chongqing 400037, China, Tel: 86 023 68774569; Fax: 86 023 68755601; E-mail: zxhwn@tmmu.edu.cn

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Case Report

A 57-year-old male with hypertension and hypertriglyceridemia was admitted to the cardiology department due to chest pain lasting for 7 days. His physical examination, echocardiogram and cardiac enzyme were normal, except for pathological Q waves in II, III and aVF. The selective angiography showed totally occluded in mid left circumflex artery (LCX, red arrow) and also the anomalous origin of the right coronary artery (RCA, white arrow) arising from the left anterior descending artery (LAD, yellow arrow) after the second diagonal branches (Figure 1A and 1B). These findings were confirmed by multislice computed tomography (Figure 1C and 1D) and nonselective coronary angiography. The occluded LCX was recanalized using a 3.0×20 mm drug-eluting stent (blue arrow). The patient was discharged from the hospital on the sixth day of his hospitalization and recovered well.

