A Case of a Single Coronary Artery Originating From the Right Coronary Sinus

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Case

A 69-year-old woman presented with a history of intermittent chest pain for 2 years. The pain was left-sided and did not radiate into the left arm. She had a history of hypertension, but had no other risk factors for coronary artery disease. Cardiac and lung auscultation were unremarkable. Electrocardiography revealed a normal sinus rhythm. Chest X-ray was normal. Transthoracic echocardiography demonstrated no cardiac abnormalities. The patient underwent coronary angiography for further evaluation.

Angiography showed no vessels originating from the left coronary sinus (CS). The right coronary artery (RCA) originated from the right CS, the left anterior descending artery (LAD) originated from the proximal RCA (Fig. 1), and the left circumflex artery (LCx) originated from the posterolateral branch of the RCA (Fig. 2). The LAD had an anterior course and gave rise to the proximal-mid- and distal LAD (Fig. 3). Medical treatment with antihypertensive and vasodilating agents was recommended. Follow-up examination at 1 year demonstrated adequate resolution of angina. Coronary artery anomalies are rare. Of these, an isolated single coronary artery anomaly is the rarest one.1,2 It’s are found incidentally during routine co-

Fig. 1. Anteroposterior caudal view (A) and spider view (B) of coronary angiography showed the LAD originating from the proximal RCA. LAD: left anterior descending coronary artery, RCA: right coronary artery.

Fig. 2. LAO view of coronary angiography showed the LCx originating from the PL branch of RCA. LAO: left anterior oblique, LCx: left circumflex artery, PL: posterolateral, RCA: right coronary artery.

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Coronary angiography, with an incidence of approximately 1%. Most coronary anomalies are usually asymptomatic, but single coronary artery anomalies are commonly associated with sudden cardiac death.

**REFERENCES**


**Fig. 3.** Antero-posterior cranial view (A) and RAO cranial view (B) of coronary angiography showed that the LAD had an anterior course, and gave rise to the proximal-mid and distal LAD. RAO: right anterior oblique, LAD: left anterior descending artery.