



: -
 : 4,620 10
 (: =6:4, 48.4) 12 -
 [(n = 5),
 (CTA, n = 4), (CT, n = 1),
 (n = 4)]
 : - 가
 (n = 9) [(n = 5),
 (n = 3), (n = 1)] (, n = 1) ,
 .
 : - 가

(1) 가 , 6F Judkin (Cordis, Rogen, The Netherlands)
 6 - 8 ml, 4 - 6 ml
 (2) , 30. , 35.
 가
 - 가
 , , 가
 - 가

1996 3 1999 8 4,620 (n = 5),
 (M:F=6:4, 29 - 64 , 48.4) 12 (CTA, n = 4), (CT,
 n = 2), (n = 4)
 . 10
 , , 6

¹

²

CTA 4
가
12
가 5
가 7
6 (n=4),
(n=1), (n=1)
3
(100%).
CT
CT
(n=7),
(n=4), (n=3), (n=2), (n=1),
(n=1) . 9
(Fig. 1). 10
가 5 ,
(n=2), (n=3)
(n=1)], 1 , 1
10 99 - 10
Technetium - macroaggregated albumin
(n=5), CTA (n=4) CT (n=1),
(n=4) 5 (
4 , 1)
6 1 - 4 , 13
가 4 가
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. 13 10
(76.9%, Fig. 2),
von Haller 19
(1). Hudson
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(3)

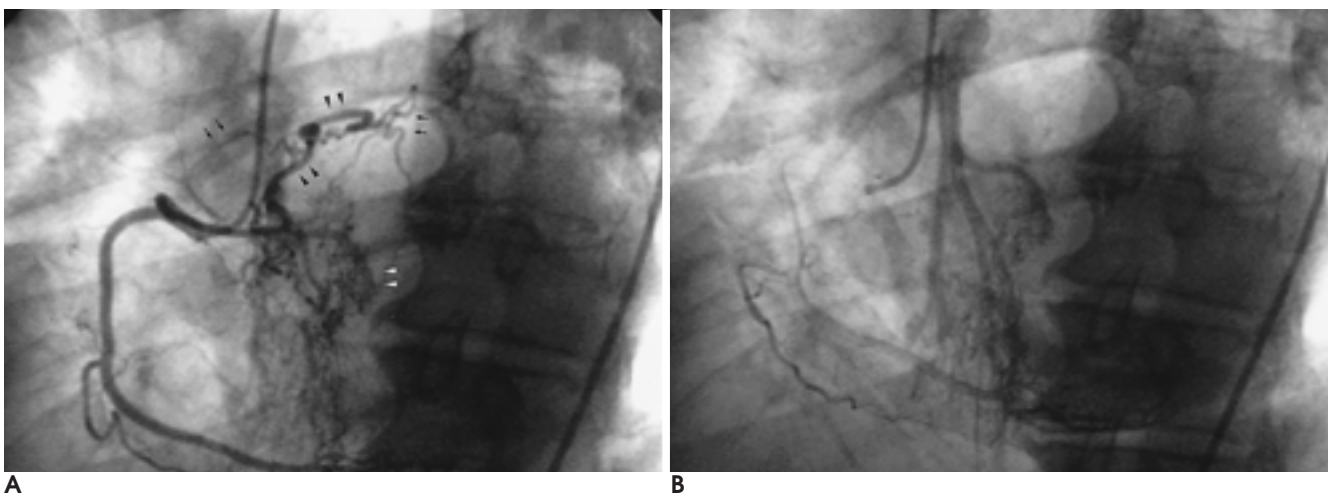


Fig. 1. A 34-year-old woman with Takayasu arteritis.
A. Right coronary cineangiogram in LAO 35° projection shows hypertrophied atrial branch (arrows heads) originating from the right coronary artery has a tortuous course and connects with the bronchial artery (arrows) with adjacent hypervascular lesion (white arrow heads).
B. In delayed phase, shunt to the pulmonary artery is also noted.

- 가 (9). 12
3 (3)
2
- 가
- . Bjork
0.008% 109 53 (49%)
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2 mm
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Coronary to Bronchial Artery Communication¹

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Purpose: To analyze the cineangiographic appearance and determine the clinical importance of coronary-to-bronchial artery communication.

Materials and Methods: The coronary cineangiograms of 4,620 patients were reviewed, and 12 cases of coronary-to-bronchial artery communications were observed in 10 patients (M:F=6:4; mean age, 48.4 years). The cineangiographic findings were analyzed and correlated with these of other imaging studies [perfusion scan (n=5), computed tomographic angiography (CTA) (n=4), conventional chest computed tomography (CT) (n=1), and conventional angiography (n=6)].

Results: Cineangiography revealed that hypertrophied branches of the coronary artery communicated with bronchial arteries in which adjacent hypervascular staining, was observed, and which were accompanied by pulmonary shunts (n=9). The underlying diseases identified among the ten patients were Takayasu arteritis (n=5), chronic inflammatory pulmonary disease (n=3), pulmonary thromboembolism (n=1), and or newly diagnosed pulmonary tuberculosis (n=1). The lung fields supplied by coronary-to-bronchial communication showed close correlation with the territories of perfusion defects, decreased pulmonary vascularity, or inflammatory lesions revealed by other imaging studies.

Conclusion: Coronary-to-bronchial artery communication can present as a secondary result of occlusive disease of the pulmonary arteries or chronic pulmonary inflammation, and in patients with hemoptysis involving, for example, incomplete embolization or myocardial infarction, it may be problematic.

Index words : Arteries, bronchial
Coronary vessels, diseases
Takayasu arteritis

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