

## Unreported Coronary Artery Anomaly: Association of Right Coronary Artery and Circumflex Coronary Artery with Single Ostium Originate from High Left Anterior Aorta

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A 55-year-old female patient was admitted with chest pain for 8 hours. She has no risk factors for coronary artery disease. There were no significant pathological findings on physical examination. ST-segment elevation in lead V 1-6 were observed on electrocardiogram. Coronary angiography revealed the left anterior descending artery originating from the left sinus valsalva alone and coursing normally. It was totally occluded after diagonal branch (Fig. 1A). Percutaneous transluminal coronary angioplasty and stenting were performed successfully (Fig. 1B). By a left Amplatz catheter, a coronary ostium, was cannulated at the left anterior surface of the ascending aorta, 2-3 cm above the sinotubular junction. It was divided into two branches, as circumflex coronary artery (Cx) and right coronary artery (RCA), after intercrossing the front side of the aorta (Fig. 2). There were non-critical lesions in RCA and non-critical and critical lesions in the mid and distal part of Cx (Fig. 2B).

The incidence of coronary anomaly in the large case series is about 1.3%.<sup>1)</sup> In Yamanaka's classification<sup>1)</sup> only the left main coronary artery and RCA anomalies has been listed as coronary anomalies originate from the aorta. We didn't find any reported coronary anomaly

case, similar to our case in the literature.<sup>2,3)</sup> We report an association of RCA and Cx with single ostium originate from high left anterior aorta case.

This case may find a different place in the classification of coronary anomalies originating from the ascending aorta.

### References

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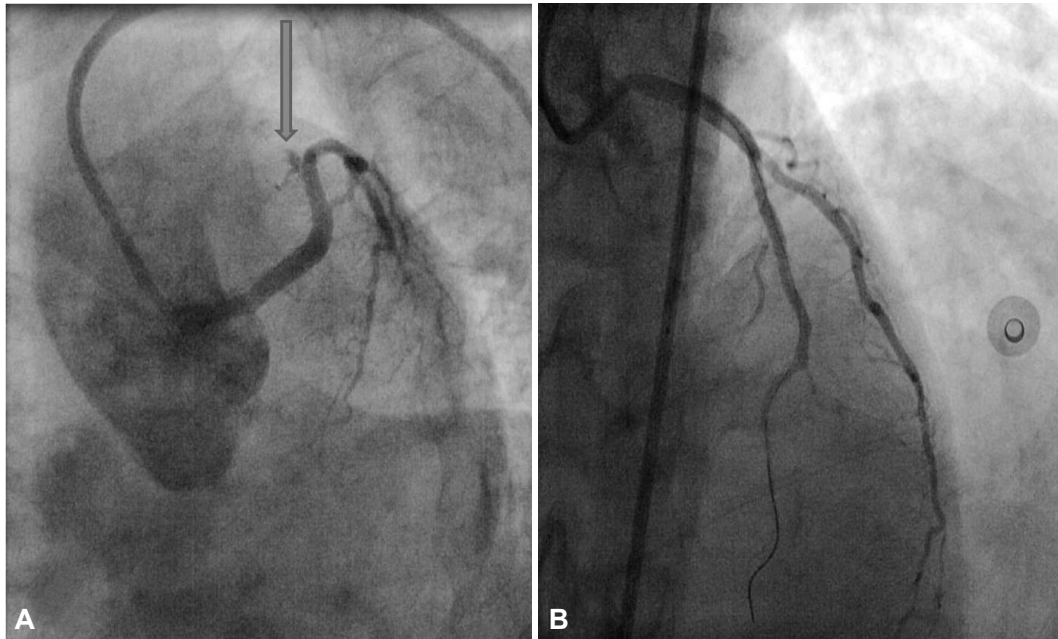
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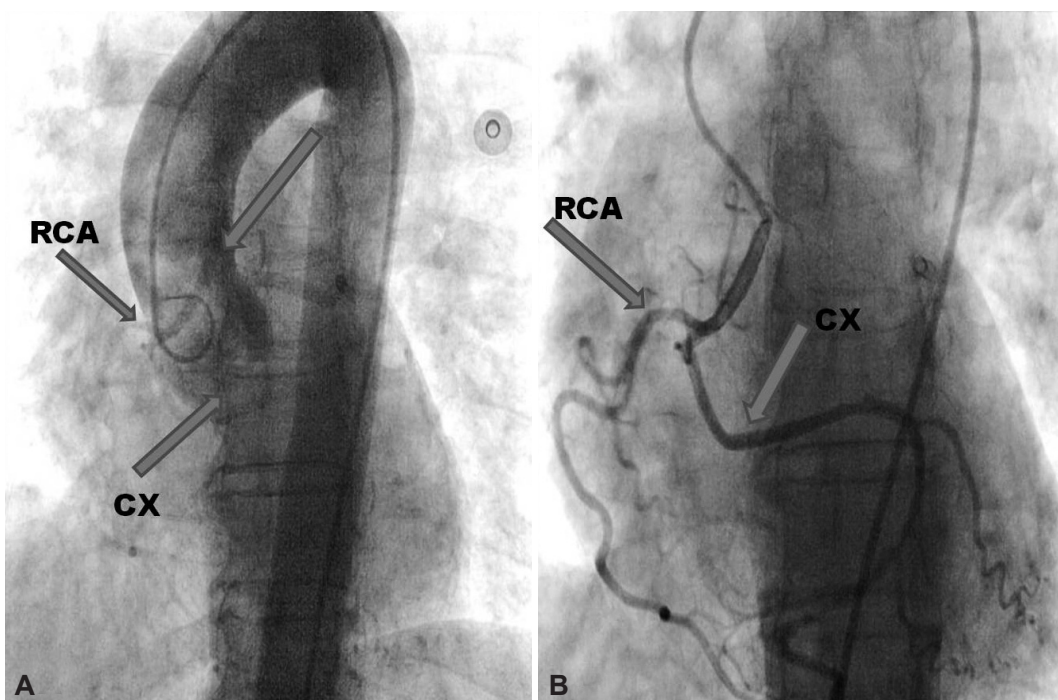
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• The authors have no financial conflicts of interest.

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**Fig. 1.**



**Fig. 2.**