

Letter to the Editor

Left anterior descending coronary artery originating from the distal right coronary artery: a previously unreported coronary artery anomaly

Dear Editor,

A 53 years old male patient was admitted in our Department of Cardiology with effort angina. He had hypertension and hyperlipidemia. The patient underwent coronary angiography. The angiography of the right coronary artery (RCA) demonstrated RCA and a long left anterior descending coronary artery (LAD) arising from the distal RCA (Figure 1). The angiography of the left system showed that the left main coronary artery (LMCA) branched off a normal circumflex artery and a short LAD (Figure 2).

Dual LAD is described as the presence of two distinct LAD in the anterior interventricular sulcus. It is a rarely encountered coronary artery anomaly presented with 4 subtypes. The first three types contain the left main system branching off earlier forming a short and a long LAD. Whereas, in the fourth type, the LMCA courses and terminates as short LAD, the long LAD arises from the RCA. In our case, the long LAD was originating from the distal RCA.

Our literature review turned out that this unique origin has not been reported previously. Therefore, we describe here, for the first time, presence of a long LAD arising from the distal RCA. We think that the present case can be classified as another distinct form of type 4 dual LAD.

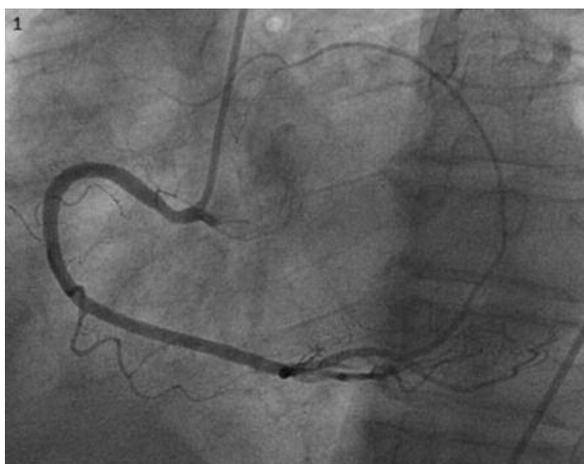


Figure 1. The long LAD originating from the distal RCA.



Figure 2. The short LAD terminating in the proximal part of the anterior interventricular sulcus,

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