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IMAGE FOCUS



A case of anomalous origin of the right coronary artery with an interarterial course

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We describe the case of a 50-year-old female patient, admitted to the cardiology department for a routine check-up. She had previously undergone mediastinal radiotherapy as part of a follow-up for Hodgkin's lymphoma 15 years ago. The patient is asymptomatic, but the resting electrocardiogram (Figure 1) reveals diffuse repolarization abnormalities, with T-wave inversions in the inferior leads, stiffened repolarization, and biphasic T-wave in V4–V5 with ST-segment elevation in AVR, suggesting possible extensive ischaemia. A coronary CT angiography (Figures 2 and 3) shows an anomalous connection of the right coronary artery in the left coronary sinus, with an interarterial course. Coronary angiography (Figure 4) confirms significant stenoses in the LAD and right coronary artery, leading

to the diagnosis of anomalous origin of the right coronary artery. The interarterial course is a high-risk cardiovascular anomaly associated with sudden cardiac death, especially in patients under 35 years old, but emerging data suggest that right anomalous origin of the right coronary artery with interarterial course, in middle-aged populations has a lower cardiovascular risk in the medium term. Nevertheless, our patient underwent aortocoronary bypass grafting of the right coronary artery and LAD due to significant coronary lesions.

Disclosure statement

No potential conflict of interest was reported by the author(s).

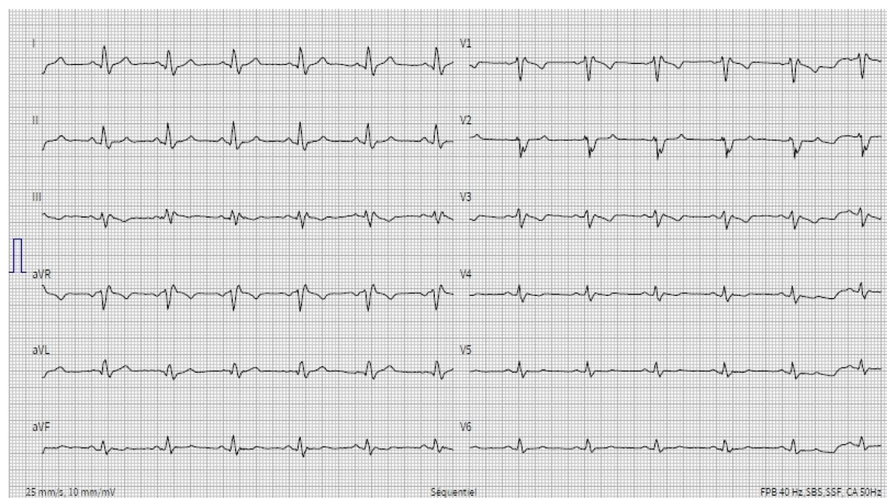


Figure 1. Electrocardiogram, with repolarization abnormalities, suggesting ischemia.

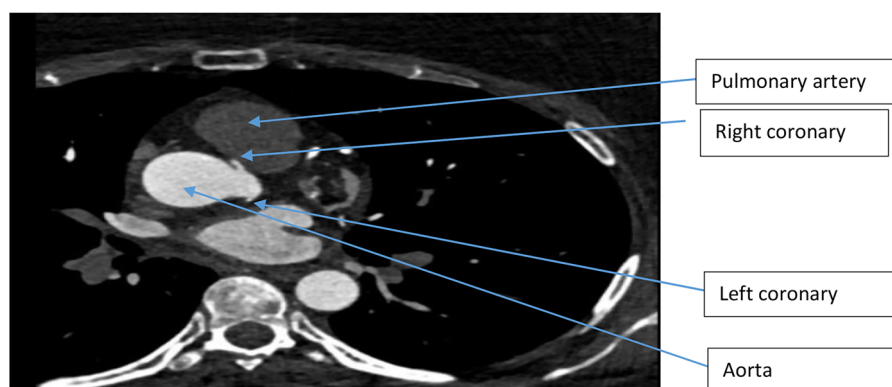


Figure 2. Coronary CT angiography shows anomalous connection of the right coronary artery in the left coronary sinus, with an interarterial course.

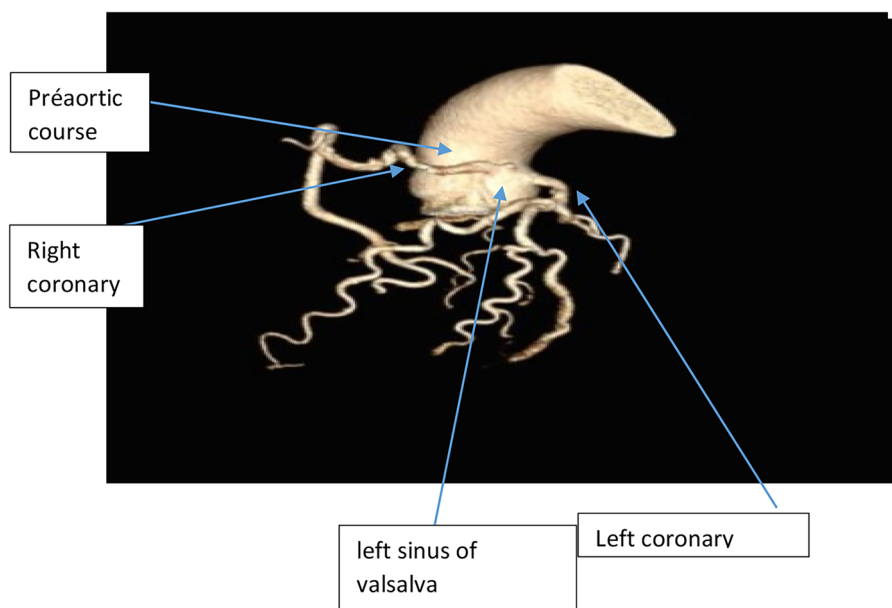


Figure 3. Coronary CT angiography with 3D reconstructions shows anomalous connection of the right coronary artery in the left coronary sinus.

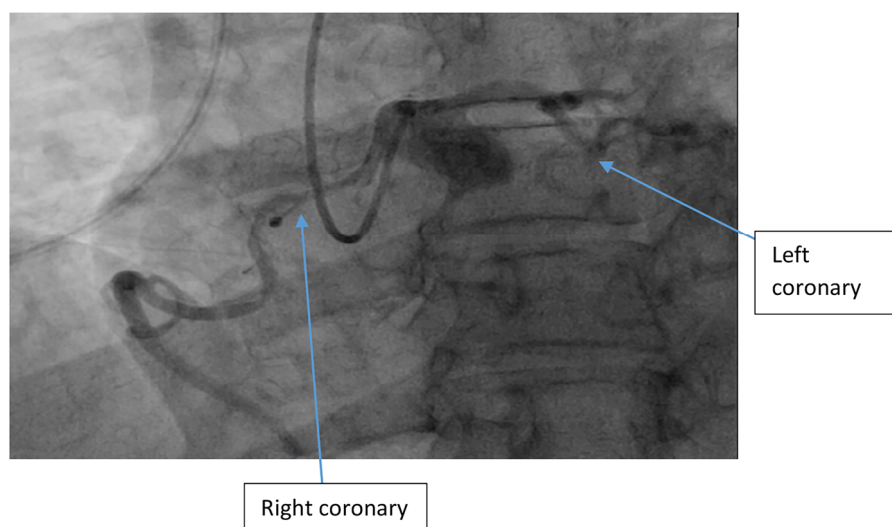


Figure 4. Coronary angiography shows an anomalous connection of the right coronary artery in the left coronary sinus.