

Joint Event

32<sup>nd</sup> International Congress on

Vision Science and Eye

5<sup>th</sup> International Conference on

Advances in Neonatal and Pediatric Nutrition

37<sup>th</sup> World Cardiology Conference

September 26, 2022

WEBINAR

Gen Med (Los Angeles) 2022, Volume 10

## Congenital coronary anomaly

**Ramachandran Muthiah**

Zion hospital, India

A 46 years old female was rushed to emergency department with sudden onset of chest discomfort. Her heart rate is initially 110 bpm and later became normal and the blood pressure was in the normal range. ECG, X-Ray chest and blood chemistry were normal. Echocardiography revealed no abnormalities. After 48hrs observation, she was subjected to Treadmill exercise test. She achieved 9.2 METS at heart rate of 175 in Bruce protocol stage 3, developed chest discomfort with sweating at peak exercise and the test was stopped. The ECG in stage 3 at peak exercise revealed rapid up- sloping of ST segment which immediately return to normal in recovery period, may be due to episodic ischemia related to tachycardia with heart rate of more than 160 bpm.

Cardiac CT Angiography showed as right coronary artery is not visualized in the Right AV groove and no anomalous vessel is passing either anterior to the pulmonary artery or in between pulmonary artery and aorta. Cardiac MR Angiography revealed non visualization of the clear cut origin of Right coronary artery from the aortic root. Aortic root angio revealed non visualization of the origin of Right coronary artery. Runs of the coronary angiogram revealed retrograde filling of right coronary artery as a continuous flow from the Left circumflex coronary artery and there is a delayed filling in proximal portion of the Right coronary artery. Other views revealed that the Left circumflex coronary artery is continuing to form the Right coronary artery, a rarest coronary anomaly.

**Importance of Research:** Junctional ST depression with rapid upsloping during exercise treadmill testing at peak exercise with symptoms of Angina (Episodic Ischemia) is of particular importance for further evaluation of coronary vasculature.

**Conclusion:** Isolated left single coronary artery with left circumflex coronary artery is continuing to form the right coronary artery is a rarest congenital coronary anomaly and remaining asymptomatic up to the age of 61 years is best described in this case report.