Annals of Medicine and Medical Research

Clinical Image
Published: 28 Sep, 2018

Anomalous Origin of Left Coronary Artery from Pulmonary Artery

*John Jairo Araujo**

Department of Clinic and Research Cardiology, Meintegral Clinic-Manizales, Colombia

Clinical Image

The anomalies of the coronary arteries represent 2.2% of the Congenital Heart Diseases (CHD). The most frequent is the Anomalous origin of the Left Coronary Artery from Pulmonary Artery (ALCAPA), also known as Bland-White-Garland Syndrome. The first description was in 1886, but not until 1933 when Bland et al., described the clinical syndrome. The incidence is 0.25% to 0.46% of the CHD, approximately one out of every 300,000 new borns. There are four types of clinical presentations: 1. Angina or cardiomyopathy (childhood); 2. Mitral insufficiency; 3. Continuous murmur due to collateral circulation between right and left coronary arteries in the absence of symptoms (older children and adults) and 4. Sudden death (adulthood). Clinic types 1 and 2 can be occur when pulmonary resistances are high and collateral circulation is poor; 3 and 4 when collateral circulation are adequated. Surgical repair is mandtory in all cases.

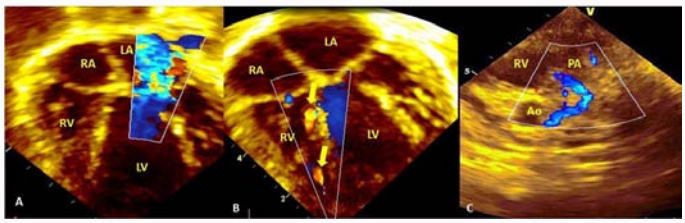

Figure 1: Echocardiographic study.
A: Apical 4 chamber view shows mitral valve severe regurgitation; B: Apical 4 chamber view, yellow arrows shows coronary fistulas, the LV is dilated; C: Short axis view, in blue color you can see left coronary artery(because left coronary artery filled up in diastole from pulmonary artery).
RA: Right Atrium; RV: Right Ventricle; LA: Left Atrium; LV: Left Ventricle; AO: Aortic Valve; PA: Pulmonary Artery.

Figure 2: Computed axial heart tomography.
A: Apical 4 chamber view shows LV dilated and increased trabeculation; B: Short axis of great arteries, yellow arrow shows left coronary artery origin from main pulmonary artery; C: 3D reconstruction, yellow arrow shows left coronary artery.
RA: Right Atrium; RV: Right Ventricle; LA: Left Atrium; LV: Left Ventricle; AO: Aortic Valve; PA: Main Pulmonary Artery; RP: Right Pulmonary Artery; LA: Left Pulmonary Artery; Arc: Aortic Arch.

OPEN ACCESS

Correspondence:
John Jairo Araujo, Department of Clinic and Research Cardiology, Meintegral Clinic-Manizales, 0956, Colombia, Tel: +5768956843;
E-mail: johnjairoaraujo@gmail.com

Received Date: *16 Sep 2018*
Accepted Date: *26 Sep 2018*
Published Date: *28 Sep 2018*

Citation:
Araujo JJ. Anomalous Origin of Left Coronary Artery from Pulmonary Artery. Ann Med Medical Res. 2018; 1: 1013.