

# Percutaneous Coronary Intervention in a Patient with Anomalous Single Coronary Artery Originating from the Right Sinus of Valsalva: Original Image

Sağ Sinus Valsalvadan Köken Alan Tek Koroner Arterli Bir Hastada Perkütan Koroner Girişim

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Geliş Tarihi/Received: 15.01.2012  
Kabul Tarihi/Accepted: 16.03.2012

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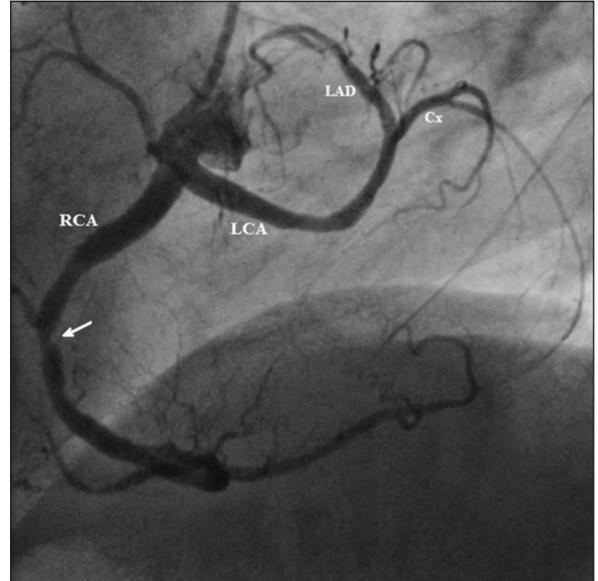
**Key Words:** Coronary vessel anomalies;  
coronary artery disease;  
coronary angiography

**Anahtar Kelimeler:** Koroner damar  
anomalileri; koroner arter hastalığı;  
koroner anjiyografi

**Türkiye Klinikleri J Cardiovasc  
Sci 2014;26(1):54-5**

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A 72-year-old man with smoking history and hypertension was admitted to our hospital because of ongoing chest pain that was started after moderate physical activity. Physical examination was unremarkable. An electrocardiogram showed sinus rhythm with T-wave inversions in leads DII, DIII, aVF. The serum level of troponin I was normal. The patient's chest pain has resolved after treatment with intravenous nitroglycerine infusion, aspirin and low molecular weight heparin. Transthoracic echocardiography showed mild left ventricular hypertrophy with diastolic dysfunction. Coronary angiography by the Judkins technique was performed via the right femoral approach after 12 hours. The left coronary ostium was not detected in the left sinus of Valsalva. A type R-II



**FIGURE 1:** Left anterior oblique view of the right coronary system demonstrating anomalous left coronary artery originating from the proximal part of the right coronary artery (RCA) and a significant lesion in RCA (arrow).

Cx: Circumflex artery; LAD: Left anterior descending artery; LCA: Left coronary artery; RCA: Right coronary artery.

single coronary artery originating from the right sinus of Valsalva with a single ostium was demonstrated in the right sinus of Valsalva, which divided into a right coronary artery (RCA) and left coronary artery (LCA) after a short course (Figure 1). The anomalous LCA, after a long course, branched into the left anterior descending artery and the circumflex artery, both of which were free of any significant atherosclerotic lesion. RCA was a well-developed vessel with a significant atherosclerotic lesion in its mid portion. The RCA was cannulated with 6F Judkins right 4-cm curve guiding catheter and lesion was successfully treated with insertion of a 3.5x18 mm bare metal stent (Figure 2). On clinical follow-up after one month, the patient was doing well without any anginal symptom.



**FIGURE 2:** Left anterior oblique view of the right coronary system after stent implantation.