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## Transcatheter coil embolization of congenital coronary artery fistula in a patient with severe dyspnea since childhood

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oronary artery fistulae are the most frequent congenital anomalies of the coronary arteries encountered during coronary angiography. However, they are infrequently a clinically relevant or symptomatic. Bilateral fistulae originating from both the left and the right coronary arteries are less frequent. Appropriate management of patients with symptomatic coronary artery fistulae is varied. With advancement of percutaneous technology and devices, coiling been reported to be a less invasive alternative to surgical correction with similar outcomes. The success rates of transcatheter closure techniques vary depending on the location, size and ability to achieve complete closure of the anomaly. While traditionally relegated to surgical intervention, treatment of symptomatic patients with multiple coronary artery fistulae has been reported in the literature. We report here the case of a patient with double bilateral congenital coronary artery fistulae arising from both the left and right coronary arteries and draining individually into the pulmonary artery. This patient underwent successful transcatheter anterograde uncomplicated closure of only the larger fistula using a microcoil embolization technique with successful resoultion of all symptoms. A 50 year old male was admitted to the hospital for chest pains in the setting of stress that were new onset and somewhat atypical for coronary ischemia. However, he complained of significant limiting dyspnea since childhood where he could not participate in sports or any activities. He complained of inability to exert himself to any extent. He was recommended angiography for evaluation. Angiography revealed preserved left ventricular ejection fraction with significant bilateral coronary anomalies with fistulae right greater than left. A contrast CT coronary angiogram was performed as well. As a result, after surgical he was deemed a reasonable candidate for percutaneous coiling.

## Biography

Nassir Azimi is a graduate of Columbia University in New York City. Then, he transitioned to medical school at Dartmouth in New Hampshire. After completing an internal medicine internship in residency at University Colorado, he went on to Yale University to train in cardiology, nuclear cardiology and interventional cardiology and vascular medicine. Currently, he is practicing cardiology at La Mesa Cardiac Center with a focus on the patient rather than any one organ system. Academic positions: Fellow of American College of Cardiology, Fellow of SCAI. His research interests include Vascular Medicine, Cardiology, Nuclear Medicine and Interventional Cardiology.

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