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A 43 year old female post PDA ligation with ALCAPA presenting with chest pain: Case report

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Anomalous origin of the left coronary artery from the pulmonary artery (ALCAPA) was first described in 1882 by Brooks and was first published in 1933 by Bland, White and Garland. This rare congenital anomaly is also known as Bland-White-Garland syndrome and it occurs in 1 of 300,000 births. It is usually an isolated congenital defect but it may also present together with other congenital anomalies like atrial septal defect, ventricular septal defect and coarctation of the aorta in around 5% of the cases.

This is a case of a 43-year old female who had a 4-month history of intermittent difficulty of breathing and exertional chest heaviness and palpitations. She was initially treated by a private physician for an elevated blood pressure with Losartan +HCTZ and Trimetazidine. No relief of the symptoms was noted. Persistence of her symptoms prompted request for further diagnostics. Pertinent past medical history revealed that she underwent patent ductus arteriosus (PDA) ligation 13 years ago.

On work-up using 2D-echocardiography, coronary CT arteriography and coronary angiography, she was discovered to have an anomalous origin of the left coronary artery from pulmonary artery. She underwent ligation of LCA from PA and CABG

We should be aware of the possibility of a concomitant congenital heart disease with coronary anomalies despite its rarity. We should also maintain high index of suspicion among patients with post-tricuspid shunt lesions prior to surgical correction as this is essential in preventing life-threatening conditions from occurring.

Biography

Francis Carl L. Catalan is presently a 3rd year adult cardiology fellow at The Philippine Heart Center. He had premedical major in Bachelor of Science in Physical Therapy following a completion of my Internal Medicine residency at the East Avenue Medical Center. To further augment he acquired clinical expertise and skills, he worked and acquainted himself in various hospital settings for 3 years. His competence as a doctor is not only existent in a clinical setting. But holistically, he exhibited competency in research and scientific presentations. He was duly recognized by various renowned research committees in Hong Kong, and Dubai. He is interested in interventional and experimental cardiology.

Francis Charles L. Fernandez is presently a 3rd year Cardiology fellow at the Philippine Heart Center. He is interested in experimental, interventional cardiology and very open to research especially on cost effective prevention and therapeutic technology applicable in their country. He is also a medical technologist, and very much into software development in the biomedical field.

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