

Global Summit on **CARDIOLOGY AND CARDIAC SURGERY**

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Congenital coronary anomaly**Ramachandran Muthiah***Morning Star Medical Centre, India*

Coronary artery anomalies (CAAs) had a global incidence of 5.64% and the individual types of CAAs have become recognized for their clinical consequences that include dyspnea, palpitations, angina pectoris, dizziness, syncope and sudden death is usually associated with extreme exercise in young adults. IVUS is the preferred means to evaluate the mechanisms responsible for ischemia in potentially significant CAAs. A 46 yrs old female medical practitioner was rushed to the emergency department with a 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 48 hrs observation, she was subjected to Treadmill exercise test. She achieved 9.2 METS at heart rate of 175 in Bruce protocol stage 3 at peak exercise test. She 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 the recovery period. She was advised to cardiac CT angiography as a screening test. 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 Left circumflex coronary artery and there is delayed filling in the proximal portion of the Right coronary artery. Other views revealed Left circumflex coronary artery is continuing to form the Right coronary artery, a rarest coronary anomaly.

Biography

Ramachandran Muthiah, Consultant Physician & Cardiologist, Zion hospital, Azhagamandapam, Morning Star hospital, Marthandam, Kanyakumari District, India. He Completed M.D. in General Medicine in 1996 and D.M. in cardiology in 2003 at MGR Medical University, Chennai, India. He worked as medical officer in rural health services for 5 years and in teaching category as Assistant Professor at Madras medical college, Coimbatore medical college, Thoothukudi medical college and Kanyakumari medical college. He published Case Reports in Clinical Medicine (SCIRP) and Journal of Saudi Heart Association.