

## IMAGES IN INTERVENTION

# Anomalous Right Coronary Artery From the Proximal Left Anterior Descending Artery

## A Rare Finding and its Clinical Significance

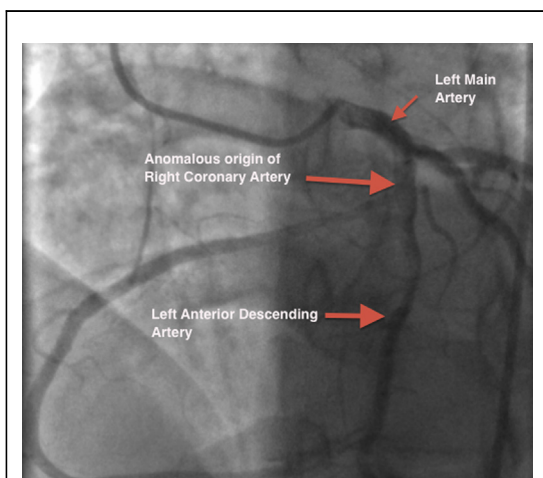
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A 39-year-old nonsmoking man presented to the hospital with intermittent episodes of exertional chest discomfort radiating to the arms, which was relieved with rest. He described the discomfort as pressure and heaviness. He also reported mild shortness of breath. He did not have orthopnea, paroxysmal nocturnal dyspnea, light-headedness, dizziness, or syncope.

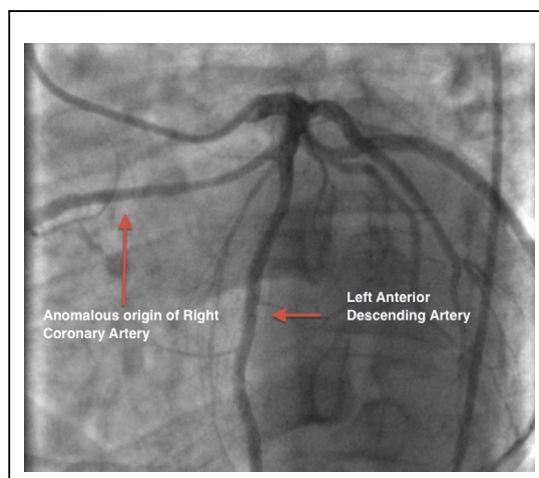
His electrocardiogram and cardiac markers were normal. Because of persistent symptoms, cardiac catheterization for further evaluation was

performed. The coronary angiogram revealed an anomalous takeoff of the right coronary artery from the proximal left anterior descending artery (Figs. 1 and 2, [Online Video 1](#)). Computed tomography with contrast of the coronary arteries delineated the course of the anomalous right coronary artery and ruled out compression of the vessel. Subsequent exercise stress test results were normal. Medical management was recommended because there was no compression. The patient was discharged home with



**Figure 1. Anomalous Origin of the Right Coronary Artery From the Proximal Left Anterior Descending Artery**

Left anterior oblique view of the anomalous origin of the right coronary artery from the proximal left anterior descending artery.



**Figure 2. Anomalous Origin of the Right Coronary Artery From the Proximal Left Anterior Descending Artery**

Left anterior oblique view/cranial projection showing anomalous origin of right coronary artery from the proximal left anterior descending artery.

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nitroglycerin and remained asymptomatic at the follow-up visit.

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**Key Words:** anomalous origin ■ congenital anomaly ■ left anterior descending artery ■ right coronary artery.

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 **APPENDIX**

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**For a supplementary video and its legend, please see the online version of this article.**