A 40-year-old man with known asthma for 8 years and hypertension for 1.5 years presented with exertional angina. He appeared cushingoid due to self-use of oral steroids which were initially prescribed for his asthma. An echocardiogram showed a mildly dilated left ventricle with segmental dysfunction and preserved global systolic function. A SPECT TC-99 radionuclide scan with treadmill exercise was normal, with uniform perfusion in all areas. Coronary angiography was performed because of persistent symptoms despite adequate medical treatment. This revealed angiographically normal coronary arteries with arteriovenous, well-developed, anomalous connections involving all 3 major coronary arteries (left anterior descending, left circumflex, and right coronary artery) (Figures 1 through 3). The patient refused further work up, and a year later, he died of acute chest pain and shortness of breath at home. An autopsy was not performed.
Figure 3. Right coronary arteriogram in right anterior oblique (40°) projection showing well-developed anomalous arterio-venous connections with rapid venous phase.
Anomalous Arteriovenous Connections Involving All Three Major Coronary Arteries
Khawar Kazmi, Sunita Dodani, Ata-ur-Rehman Quraishi and S.M. Najaf Ali Nadeem

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