Electron beam tomography (EBT) has been widely used for the assessment of coronary calcification, particularly in patients at risk of coronary artery disease. EB angiography (EBA) has shown significant sensitivity in confirming coronary arterial narrowing involving the proximal and mid-vessel segments. The main advantage of this new imaging technique is its ability to demonstrate the arterial tree, including the coronary arteries, using single breath-hold acquisition while infusing intravenous contrast agent. It does not require a large dose of x-ray radiation exposure followed by a long recumbency for arterial healing, as does conventional coronary angiography. EBA also avoids possible claustrophobic effects of closed tube imaging used by other noninvasive techniques. We present a new application of this technique in patients with anomalous coronary arteries. In 6 patients with congenital anomalous coronary arteries, all coronary artery origins and courses were clearly demonstrated. An example is presented (Figure 1) that shows the left anterior descending artery originating from the main pulmonary artery trunk and the right coronary artery originating normally from the aorta. The circumflex artery also branches off the right coronary artery (Figure 2). EBA may serve as a noninvasive diagnostic technique in different cardiac and non-cardiac arterial diseases.
Anomalous Coronary Arteries by Electron Beam Angiography
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