Giant Coronary Artery Calcification
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An 11-year-old boy presented with giant calcifications on the chest radiograph, detected during screening for heart disease (Figure). He had been diagnosed with measles twice, at 1 and 2 years of age. Before this screening, he had been asymptomatic. An ECG revealed sinus rhythm and no specific ST-T–wave changes. The CT scan showed 2 giant circular masses at the atrioventricular sulcus of the right coronary artery. A 2-dimensional echocardiogram showed bilateral coronary aneurysms, with high echogenicity of the proximal right coronary artery. The left ventricular systolic and diastolic functions were normal. Right coronary arteriographs showed a total occlusion of the right coronary artery just proximal to the giant aneurysm. Left coronary arteriographs showed a mild dilatation of the proximal left main trunk and a segmental stenosis of the left anterior descending coronary artery. The left circumflex artery was well developed and supplied the distal right coronary artery as a collateral circulation.

It has been almost 30 years since Kawasaki disease was first reported in Japan. A substantial number of patients with this disease have reached adulthood. In the long-term follow-up of these older patients with coronary stenotic lesions due to Kawasaki disease, circular or ring-shaped coronary artery calcification is occasionally a distinctive feature. In this patient, Kawasaki disease had never been suspected, but measles was diagnosed twice, at 1 and 2 years of age. This evidence was crucial for the differential diagnosis of calcification in the heart. Therefore, coronary arteriography should be performed to evaluate the stenotic lesion if this type of calcification is found by routine radiographic examination. In addition, fluoroscopy was useful for the diagnosis of coronary calcification because of the synchronized pattern with the heart beat.

References
A, Anteroposterior (AP) and B, left anterior oblique (LAO) views of chest radiograph. Two circular giant calcifications (C) are evident. C, Aortography showing total occlusion of proximal right coronary artery (arrow). D, Coronary arteriograph showing segmental stenosis of left anterior descending coronary artery (arrow) with well-developed collateral artery to distal right coronary artery.
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