

Image

Left Main to Pulmonary Artery Fistula- Fascination Anomaly

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A diabetic man in his 60s presented to the emergency department with acute ST Elevation Myocardial Infarction (STEMI). Diagnostic Coronary Angiography revealed a critical stenosis in the mid part of Left Anterior Descending (LAD) artery and proximal Left Circumflex (LCx) artery (Fig 1a, video 1). We noticed an unusual coronary fistula connecting the Left Main Coronary Artery (LMCA) to the Pulmonary Artery (Fig 1a, video 1). The patient underwent Primary Percutaneous Coronary Intervention to

the LAD & LCx followed by CT angiography to confirm the course of the fistula. It confirmed the origin of the fistula from LMCA which drains into the Main Pulmonary Artery (Fig 1b). The fistula was managed conservatively. At 6 months follow up, the patient was free of any cardiac symptoms. Coronary artery fistulas are rare but fascinating coronary anomalies. Amongst the all coronary anomalies, a fistula between the LMCA to pulmonary artery is extremely rare.

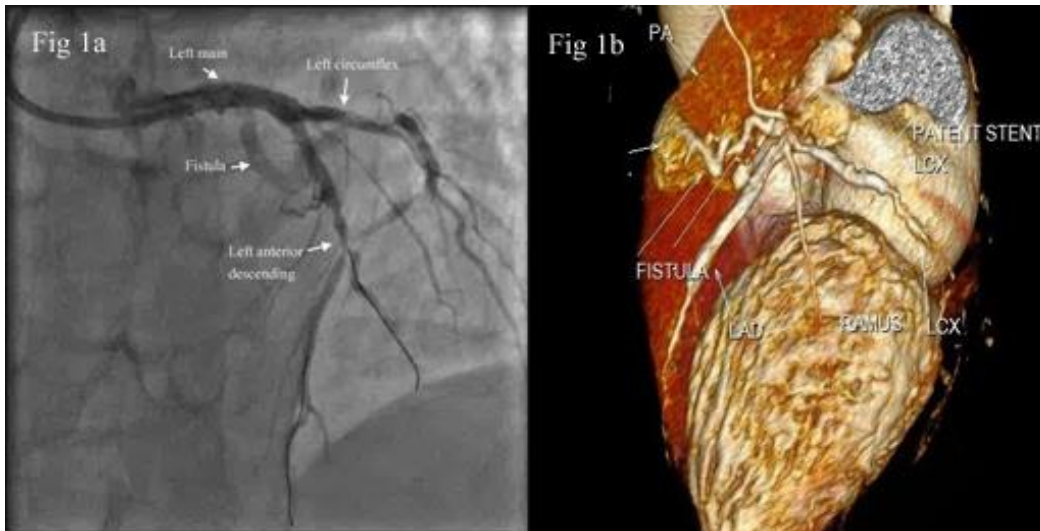


Figure 2a. Coronary Angiogram; Figure 1b. CT Angiogram demonstrating Left main to pulmonary artery fistula

Figure 2. Apical 4 Chamber View demonstrating 4 chamber dilatation. RV: Right Ventricle, LV: Left Ventricle, RA: Right Atrium, LA: Left Atrium

Figure 1. Parasternal Long axis View demonstrating a dilated left ventricular cavity with severely reduced Left Ventricular Systolic Function. Click [here](#) to view the video.

Video link: <https://youtu.be/ENR1cG8SkUA>