Whole collateral bridge of an occlusion of the left internal thoracic artery graft

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A 59-year-old man had recurrence of angina and dyspnoea after two previous CABGs in which, respectively, the right ITA and the left ITA were used. Angiography showed a remarkable image of the LITA (Figs. 1 and 2). Since there was no harvesting injury of the LITA reported, the pathophysiological basis was either a congenital anomaly or atheroma. A GEA to LAD and restrictive mitral annuloplasty resulted in a good outcome.

![Fig. 1. Right anterior oblique. The LITA is occluded about 5 cm from its origin from the subclavian artery, but the occlusion is perfectly bridged by a large collateral vessel (large arrows) without delay of flow to the obtuse marginal.](image1)

![Fig. 2. Same view in left anterior oblique.](image2)