A 40-year-old male presented with recurrent loss of consciousness on exertion. Dual-source computed tomography demonstrated a malignant course of the right coronary artery (RCA), arising from the left aortic sinus (Fig. 1, Videos 1 and 2). He underwent a successful bypass grafting to the mid-portion of the RCA (Fig. 2).

**Fig. 1.** 3D volume-rendered image demonstrated a malignant course of the RCA between the aorta and the pulmonary trunk. Note a significant compression of the proximal RCA consistent with ostial stenosis. Ao: aorta, Cx: circumflex artery, LAD: left anterior descending artery, PA: pulmonary artery, RCA: right coronary artery.

**Fig. 2.** 3D volume-rendered computed tomography performed 16 months after surgical revascularization confirmed good patency of the right internal mammary graft to the RCA. Ao: aorta, Cx: circumflex artery, LAD: left anterior descending artery, PA: pulmonary artery, RCA: right coronary artery, RIMA, right internal mammary artery.

**Appendix A. Supplementary data**

Supplementary data associated with this article (video 1 and video 2) can be found, in the online version, at doi:10.1016/j.ejcts.2010.09.034.