The tale of the wandering circumflex

Muhammad Rizwan Sardar¹, Thomas P. Phiaimbolis¹, Wajeeha Saeed²*, Frank C. McGeehin¹, and Marwan Badri¹

¹Lankenau Medical Center, Main Line Heart Center, 558 Lankenau MOB East, 100 Lancaster avenue, Wynnewood, PA 19096, USA and ²Montefiore Medical Center, Albert Einstein College of Medicine, 1825 Eastchester road, Rm W 1-95, Bronx, NY 10461, USA

* Corresponding author. Tel: +1 347 327 2736, Fax: +1 718 904 4169, Email: wsaeed@montefiore.org, wajsaeed@yahoo.com

A 53-year-old male underwent coronary catheterization after presenting with recurrent chest pain and non-specific ECG changes. The RCA and LAD were noted to arise from the right sinus of valsalva and were non-obstructive. Neither the left main stem nor left circumflex arteries were visualized. CT coronary angiogram showed the left circumflex arises from the descending aorta (Figure 1A; thick arrow, Figure 1B), overrides the pulmonary arterial bifurcation (Figure 1C) then takes a tortuous course anterolateral to the left atrium (Figure 1D) and into the atrioventricular groove (Figure 1E). It also confirmed the anomalous LAD origin which courses anterior to the pulmonary artery (Figure 1A; small arrow, Figure 1F). These are the first reported CT images documenting this rare coronary anomaly.

The growing use of CT angiography in screening for coronary artery disease will likely lead to increased detection and understanding of the clinical significance of these rare disorders.

Published on behalf of the European Society of Cardiology. All rights reserved. © The Author 2012. For permissions please email: journals.permissions@oup.com