

Anterior Septal Arteries Arising from Right Coronary Artery: Original Image

Sağ Koroner Arterden Kaynaklanan Anterior Septal Arterler

Hakan ERKAN,^a
Ahmet Seyda YILMAZ^a

^aClinic of Cardiology,
Ahi Evren Cardiovascular and
Thoracic Surgery Training and
Research Hospital, Trabzon

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Yazışma Adresi/Correspondence:
Hakan ERKAN
Ahi Evren Cardiovascular and
Thoracic Surgery Training and
Research Hospital,
Clinic of Cardiology, Trabzon,
TÜRKİYE/TURKEY
drhakanerkan@hotmail.com

For the video/videos of the article:



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A 60 year-old male patient admitted to the emergency department because of 1 hour of chest pain. On ECG, there was dynamic ST segment changes in inferior leads. Patient underwent coronary angiography since he had positive cardiac enzymes and ongoing chest pain. Angiography revealed significant left anterior descending (LAD) and right coronary artery (RCA) stenosis with nonexistence major anterior septal arteries (Figure 1, Video 1). When imaging of RCA, right Judkins diagnostic catheter inadvertently lead to a small artery consistent with anterior septal artery (Video 2). After performing percutaneous coronary intervention (PCI) of RCA, we intended to had knowledge of this small artery by performing coronary angiography in different position (Figure 2, Video 3). We concluded that this small artery

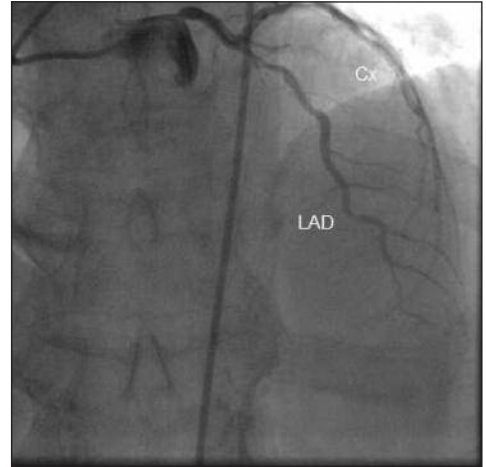


FIGURE 1: Stenosis of LAD which is devoid of anterior septal arteries on AP angiographic view with cranial angulation. LAD: Left anterior descending artery. AP: Antero-posterior.

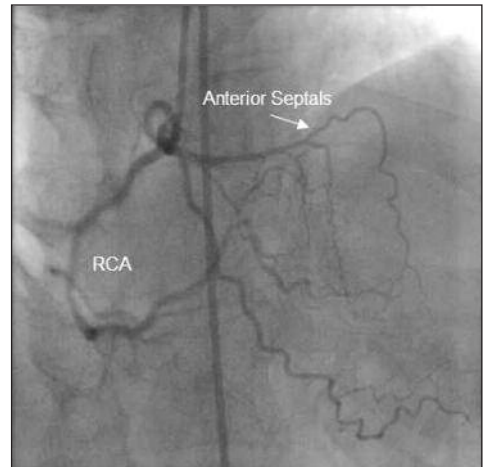


FIGURE 2: LAO view with cranial angulation showing anterior septal arteries and RCA at the same frame. RCA: Right coronary artery. LAO: Left anterior oblique.

was an anterior major septal arteries arising from the RCA ostium.

The interventricular septum is normally supplied by septal perforator branches arising from the LAD and posterior descending (PDA) arteries. Anomalous of first septal (S1) perforator artery was reported in literature.¹ But in our case, all major an-

terior septal arteries was arising from the RCA ostium. Anomalous of septal arteries are uncommon. This anomaly is important for septal alcohol ablation in patients with hypertrophic cardiomyopathy.² The lack of dominant septal perforator arteries arising from the LAD may require further attention with regard to septal arteries anomalous in this population.

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