

Late Diagnosis of Anomalous Left Coronary Artery from Pulmonary Artery in Oligosymptomatic Women

Diagnóstico Tardio de Origem Anômala da Artéria Coronária Esquerda a Partir da Artéria Pulmonar em Mulher Oligossintomática

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A 33-year-old female patient presented with complaints of palpitations, precordialgia, and dyspnea on exertion. Echocardiography revealed that the left coronary artery originated from the pulmonary artery with reverse flow and dilation of the right coronary artery (Figure 1, Video 1). Subsequent coronary angiography confirmed the diagnosis of anomalous left coronary artery from the pulmonary artery, also known as Bland-White-Garland syndrome (Figure 2), a rare and potentially fatal congenital pathology with an uncommon initial presentation in adults.

Authors' contributions

Research concept and design: Galvão CSG and Abreu SLL; data collection: Galvão CSG, Abreu SLL, and Sales JEC; data analysis and interpretation: Galvão CSG, Abreu SLL, and Sales JEC; manuscript writing: Galvão CS and Abreu SLL.

Conflict of interest

The authors have declared that they have no conflict of interest.

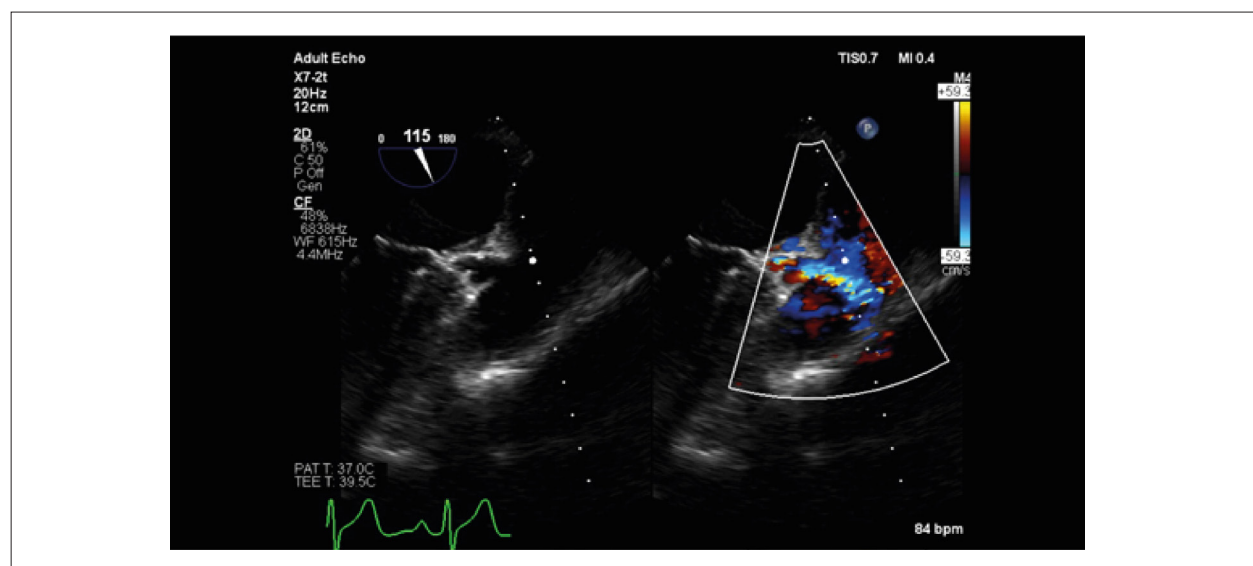


Figure 1 – Transesophageal echocardiogram in the middle esophagus showing anomalous origin of the left coronary from the pulmonary artery and reverse flow from the left coronary to the pulmonary artery.

Keywords

Bland-White-Garland Syndrome; Computed Tomography Angiography; Diagnosis; Echocardiography.

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Images

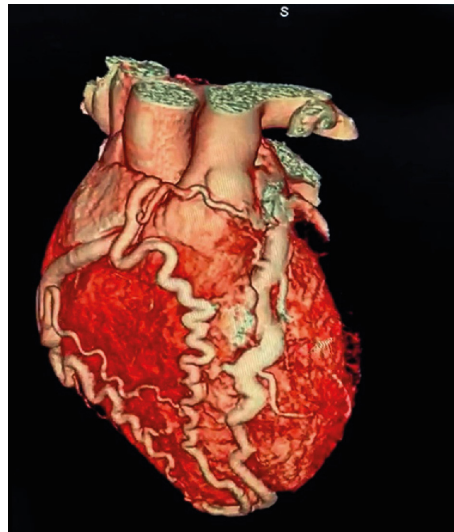
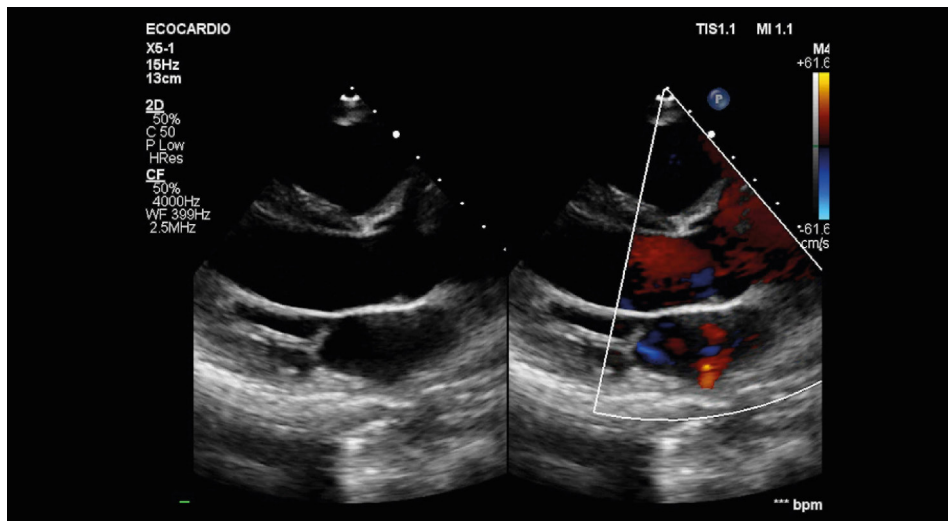


Figure 2 – Coronary angiotomography showing diffuse ectasia of the coronary arteries, large network of intercoronary collateral circulation and anomaly of the origin of the left main coronary artery from the pulmonary artery.



Video 1 – Echocardiogram, transthoracic and transesophageal sequence, showing preserved segmental contractility at rest, right coronary ectasia, acceleration of diffuse coronary flows and anomalous origin of the left coronary from the pulmonary trunk with retrograde flow from the coronary to a pulmonary art.