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# Letter to the Editor

# Left descending coronary artery arising from anomalous distal circumflex coronary artery: a previously unreported coronary artery anomaly

*Dear Editors,*

A 69-year old male patient was admitted to our Department with effort angina. He was a smoker and declared previous treatment for hypertension and hypercholesterolemia. The patient underwent coronary angiography which showed absence of the left main coronary artery (LMCA), anomalous origin of the circumflex coronary artery (CX) arising from the right sinus of Valsalva and branching off in the distal part the left descending coronary artery (LAD) (Figure 1), and normal origin and anatomy of the hyperdominant right coronary artery (RCA) (Figure 2).

Only non-critic atherosclerotic plaques were present on LAD, CX and RCA which did not match the degree of his symptoms. So as the possible mechanism of angina in our patient, in the absence of significant stenosis and proxymal inter great artery course, might be a vasospasm which has been implicated as a mechanism of angina in anomalous arteries.

Coronary artery anomalies have a reported prevalence of > 1% of routine angiographic studies. Anomalous origin of CX from the right sinus of Valsalva is the commonest congenital coronary anomaly. However, anomalous origin of LAD from the distal RCA and the proximal single (right) coronary artery is an extremely rare coronary anomaly. Our literature review turned out that unique origin of LAD shown in our case has not been reported previously. Therefore, we describe here, for the first time, LAD arising from the distal CX with its anomalous origin in the right sinus of Valsalva.

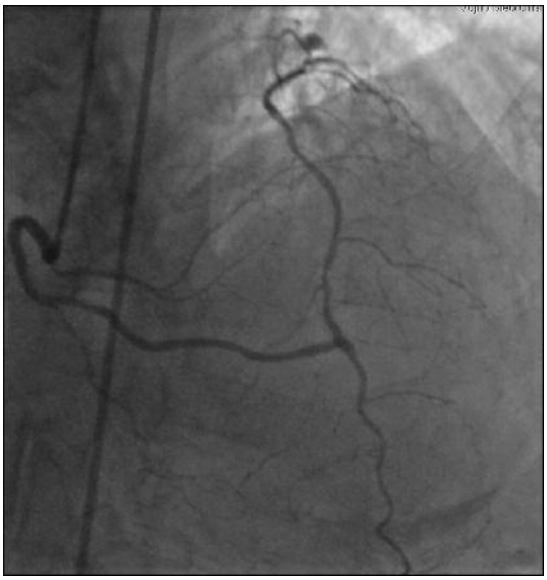

**Figure 1.** Anomalous origin of CX arising from the right sinus of Valsalva branching off in the distal part LAD.

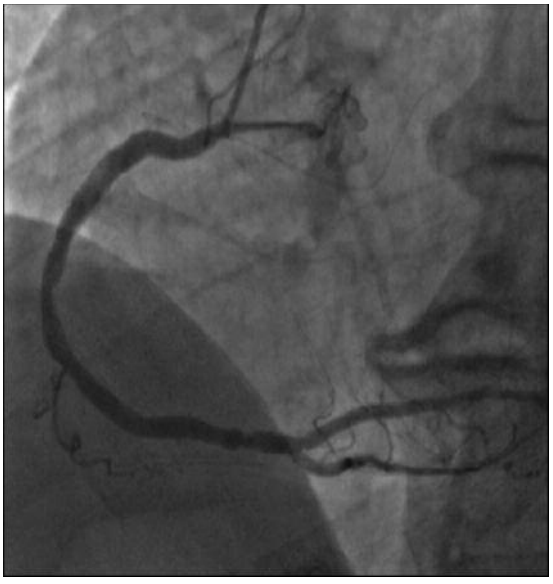

**Figure 2.** Normal origin and anatomy of the hyperdominant RCA.

## Conflict of Interest

The Authors declare that they have no conflict of interests.

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