Anomalije koronarnih arterija u starijih bolesnika – prikaz slučaja

Coronary artery anomalies in the elderly – a case report

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Uvod: Anomalije koronarnih arterija su kongenitalne anomalije koje pogađaju izlazišta koronarnih arterija, njihovu anatomiju i histološku strukturu. Prevalencija u općoj populaciji im je oko 0,5-2%. Najčešće među njima su anomalije izlazišta i smjera arterija. Većina pacijenata su asimptomatski najveći dio života, no prvi simptom može biti i iznenadna srčana smrt. Postoje 3 terapijske mogućnosti: medikamentozno liječenje i praćenje, koronarna angioplastika s postavljanjem stenta i kirurško liječenje.^{1,3} Prikazujemo bolesnicu s anomalnim polazištem lijeve koronarne arterije (LCA) koja se prezentirala s bolovima u prsima i koja je liječena konzervativno.

Prikaz slučaja: 71-godišnja bolesnica došla je u Hitnu službu zbog intermitentne retrosternalne boli u prsima i dispneje zadnjih 7 dana. Zadnjih 7 dana ima i povišen arterijski tlak, do 200 mmHg u sistoli. Ranije je učinila ergometrijsko testiranje koje je bilo uredno. Učinila je i scintigrafiju miokarda kojom je nađena inferolateralna, posterolateralna, apikoseptalna i inferoposteriorna hipoperfuzija. Fizikalni status bio je neupadljiv. Elektrokardiografski je nađena sinusna bradikardija s ventrikulskim ekstrasistolama. Bolesnica je liječena bisoprololom, trimetazidinom, nitratom, amlodipinom, statinom i acetilsalicilatnom kiselinom. Šest mjeseci kasnije učinjena je koronarografija kojom je nađeno anomalno polazište LCA iz desnog Valsalvinog sinusa. Dodatno je učinjena MSCT koronarografija kojom je potvrđen nalaz. Desna koronarna arterija je uredna, ACx je dominantna, dok je LAD gracilna, bez stenoza. Na kontrolnom pregledu tri mjeseca kasnije, bolesnica više nema bolova u prsima. Zadnji kontrolni pregled bio je tri godine kasnije, bolesnica je i dalje bez tegoba.

Zaključak: Glavni nalaz ovog prikaza slučaja je lijeva koronarna arterija koja potječe iz desnog Valsalvinog sinusa bez anomalija drugih koronarnih arterija. Starija bolesnica koja se prezentirala s atipičnim bolom u prsima liječena je konzervativno, kombinacijom beta-blokatora i anti-ishemijskih lijekova, trimetazidina i nitrata, kako bi se osigurala dekompresija koronarne arterije između aorte i plućne arterije.

Introduction: Coronary artery anomalies (CAA) are congenital anomalies that affect the coronary vessel origin, their anatomy and histologic structure with the prevalence in the general population between 0.5-2%. The most common subgroup of CAA are the anomalies of the vessel origin and direction. Most patients are asymptomatic for a large portion of their lives, although the first clinical symptom may be sudden death. There are 3 treatment options: medical treatment/observation, coronary angioplasty with stent deployment, and surgical repair.^{1,3} We report a patient with anomalous origin of the left coronary artery (LCA) who presented with chest pain and was treated conservatively.

Case report: 71-years-old female arrived at the Emergency Department complaining of an intermittent retrosternal chest pain and dyspnea during the last 7 days. Her blood pressure was also higher for the last 7 days, up to 200 mmHg in systole. She performed an unremarkable exercise testing and a nuclear stress testing which showed inferolateral, posterolateral, apicoseptal and inferoposterior hypoperfusion. The physical examination was unremarkable. ECG showed sinus bradycardia with ventricular premature beats. She was prescribed a bisoprolol, trimetazidine, nitrate, amlodipine, statin and aspirin. Six months later, she performed coronary angiography which showed an anomalous origin of LCA from the right Valsalva sinus. She was referred to a MSCT coronary angiography which confirmed the finding. RCA was free of pathomorphologic changes. ACx was a dominant artery, while LAD was gracile, without stenotic lesions. On follow-up visit after three months, the patient was free of chest pain. The last follow-up visit was three years later, and the patient is still asymptomatic.

Conclusion: The main finding of this case report consisted of a LCA emerging from the right Valsalva sinus without anomalous features of other coronary arteries. The elderly patient presented with atypical chest pain and was treated conservatively, with a combination of beta-blocker and anti-ischemic agents, trimetazidine and nitrate, in order to provide the decompression of the vessel between aorta and pulmonary artery.

LITERATURE

1. Tuo G, Marasini M, Brunelli C, Zannini L, Balbi M. Incidence and clinical relevance of primary congenital anomalies of the coronary arteries in children and adults. *Cardiol Young*. 2013;23(3):381-6. DOI: <http://dx.doi.org/10.1017/S1047951112000959>
2. Krupiński M, Urbańczyk-Zawadzka M, Laskowicz B, Irzyk M, Baniś R, Klimeczek P, et al. Anomalous origin of the coronary artery from the wrong coronary sinus evaluated with computed tomography: "high-risk" anatomy and its clinical relevance. *Eur Radiol*. 2014;24(10):2353-9. DOI: <http://dx.doi.org/10.1007/s00330-014-3238-2>
3. Eckart RE, Scoville SL, Campbell CL, Shry EA, Stajduhar KC, Potter RN, et al. Sudden death in young adults: a 25-year review of autopsies in military recruits *Ann Intern Med*. 2004;141(11):829-34. DOI: <http://dx.doi.org/10.7326/0003-4819-141-11-200412070-00005>

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