

Article Information

Received date: Jun 12, 2017

Accepted date: Jun 14, 2017

Published date: Jun 15, 2017

*Corresponding author

Hilmi Alnsasra MD, Department of Cardiology, Soroka University Medical Center, Ben-Gurion University of the Negev, P.O BOX 141, Beer-Sheva, 84101, Israel;

Email: h.alsasra@gmail.com

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Keywords Computerized Cardiac Tomography; Coronary artery bypass graft

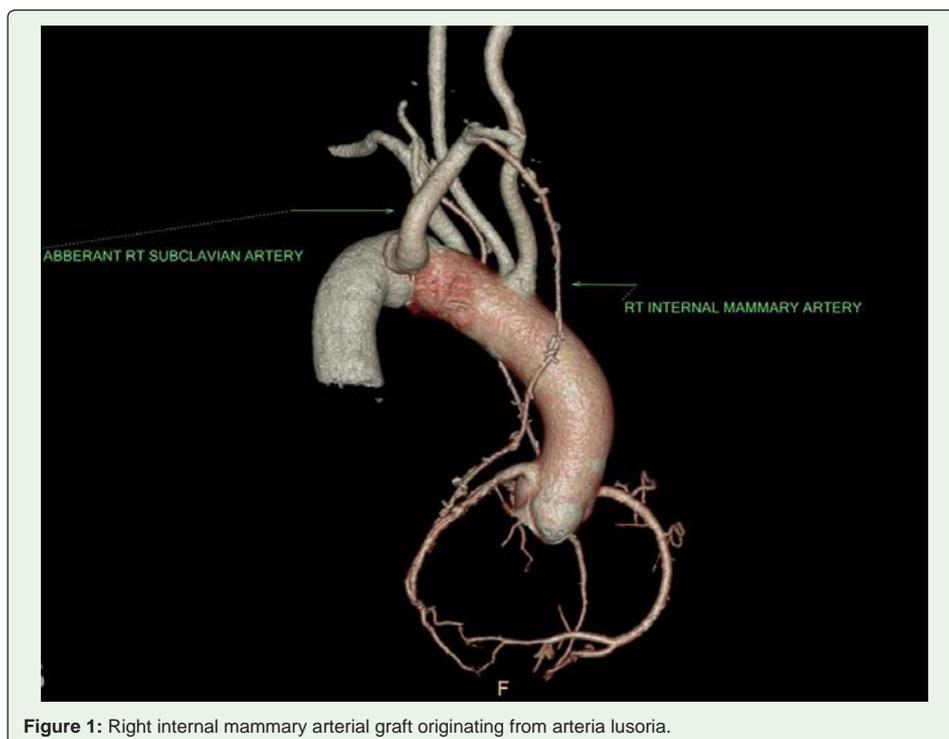
Case Report

Right Internal Mammary Arterial Graft
Originating From Arteria Lusoria

Louise Kezerle, Hilmi Alnsasra*, Carlos Cafri, and Aryeh Shalev

Department of Cardiology, Soroka University Medical Center, Israel

A 71-year-old man, that underwent Coronary Artery Bypass Graft Surgery (CABG) several years ago, was referred for an Invasive Coronary Angiography (ICA) due to retrosternal pain and dyspnea. ICA was performed via right radial access and revealed patent Left Internal Mammary Graft (LIMA) to the Left Anterior Descending Artery (LAD). The Right Internal Mammary Graft (RIMA) to the marginal artery could not be visualized despite numerous attempts. The patient subsequently underwent cardiac CT angiography (CCTA) to evaluate the RIMA origin and patency. CCTA revealed a patent RIMA originating from an aberrant right subclavian artery, which emerged from the distal portion of the aortic arch and traversed posterior behind the esophagus to reach the right upper extremity. This variant, often termed arteria lusoria, is the most common of the aortic arch anomalies, with an estimated incidence from 0.5%-1% [1]. Such aberrant course may cause a vascular ring around the trachea and esophagus [1] and symptoms range from none to nonspecific chest pain, dysphagia and dyspnea. Our case illustrates that in scenarios where arterial grafts could not be visualized by ICA, existence of alusorian artery should be suspected. CCTA should serve as the preferred method for demonstration of such vascular anomalies (Figure 1).



References

1. Myers, Patrick Olivier, et al. Arteria lusoria: developmental anatomy, clinical, radiological and surgical aspects. *Annales de Cardiologie et d'Angéiologie*. 2010; 59: Elsevier Masson.