



Congenital abnormalities of the coronary arteries: what did we learn from the ANOCOR registry?

Pierre Aubry (Paris) on behalf of the ANOCOR group



Research grant from

GACI

Groupes Athérome et Cardiologie Interventionnelle
de la Société Française de Cardiologie





conflict of interest: nothing to report

ANOCOR: anomalous connections of the coronary arteries

- n = 472 patients
- n = 496 coronary abnormalities
- recruitment period: 01/2010-01/2013

Coordination



ANOCOR investigators (n=71)

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Akesbi Abdel

Aubry Pierre

Banus Yves

Belle Loïc

Benamer Hakim

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Champagnac Didier

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Cook Stéphane

Couppie Philippe

De Poli Fabien

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Descoutures Fleur

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Ducrocq Gregory

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Gérardin Benoît

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La Scala Eugénio

Leddet Pierre

Lemesle Gilles

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Rialan Antoine

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Staat Patrick

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ANOCOR group

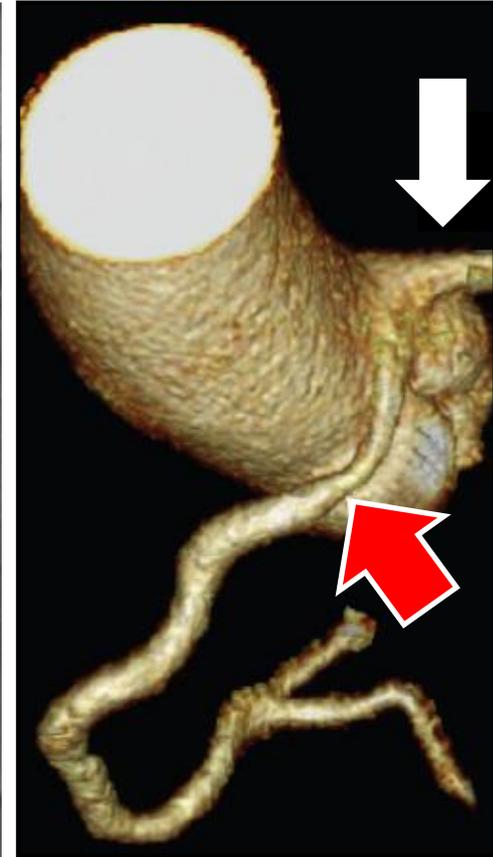
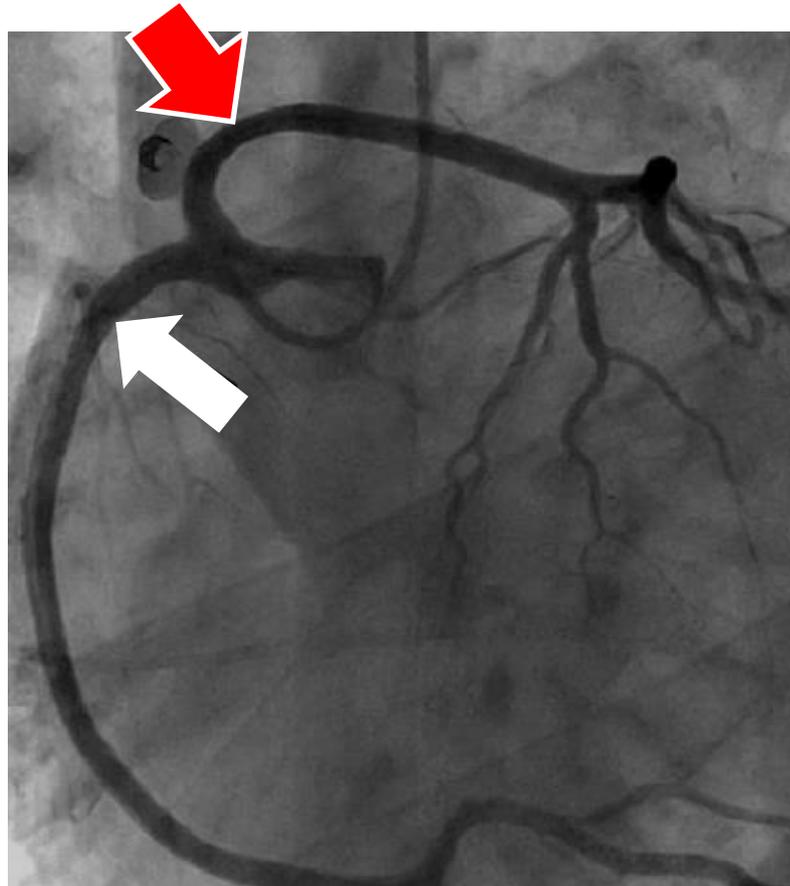
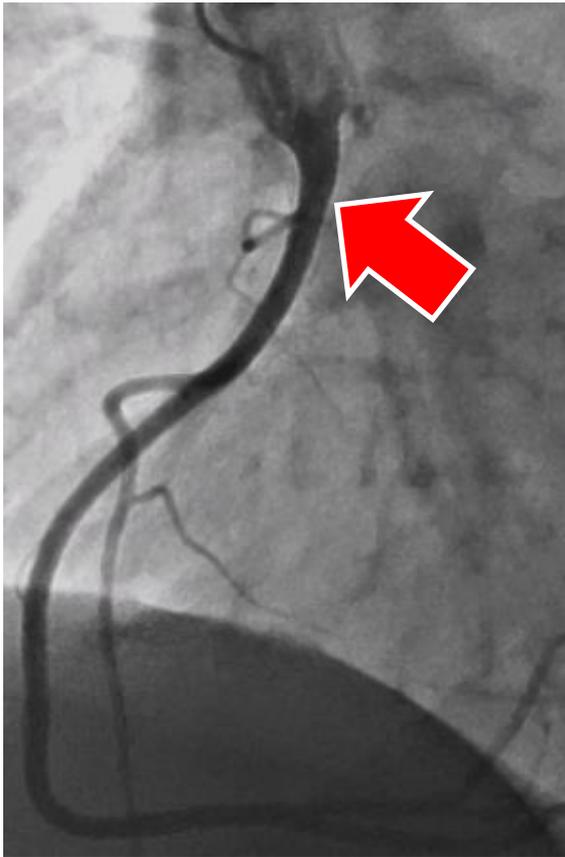
angiographic analysis committee

- Patrick Dupouy, cardiologist, Private Hospital of Antony, Antony
- Jean-Michel Juliard, cardiologist, Bichat Hospital, Paris
- Jean-Pierre Laissy, radiologist, Bichat Hospital, Paris
- Phalla Ou, radiologist, Bichat Hospital, Paris

steering committee

- Pierre Aubry, cardiologist, Bichat Hospital, Paris
- Candice Estellat, epidemiologist, Bichat Hospital, Paris
- Reza Farnoud, clinical research coordinator, Bichat Hospital, Paris
- Xavier Halna du Fretay, cardiologist, Hospital of Orléans, Orléans

- ☒ proximal anomalous connection of \geq one coronary artery
- ☒ coronary angiography (invasive or CT scan) \leq 6 months
- ☒ age \geq 15





first imaging modality
(n = 472 patients)

invasive CA, n (%)	421 (89.2)
coronary CT scan, n (%)	51 (10.8)

CA: coronary angiography

CT: computed tomography



type of coronary artery

circumflex coronary artery, %	47.5
right coronary artery, %	33.0
left main coronary artery, %	12.0
LAD coronary artery, %	5.5
other arteries, %	2.0

LAD: left anterior descending



type of connection

opposite sinus, %	47.0
contralateral artery, %	43.5
above the sinotubular junction, %	6.0
appropriate sinus, %	1.0
single coronary artery, %	1.0
pulmonary artery, %	1.0
non coronary sinus, %	0.4
other connections, %	0.1



patient characteristics (n=472 patients)

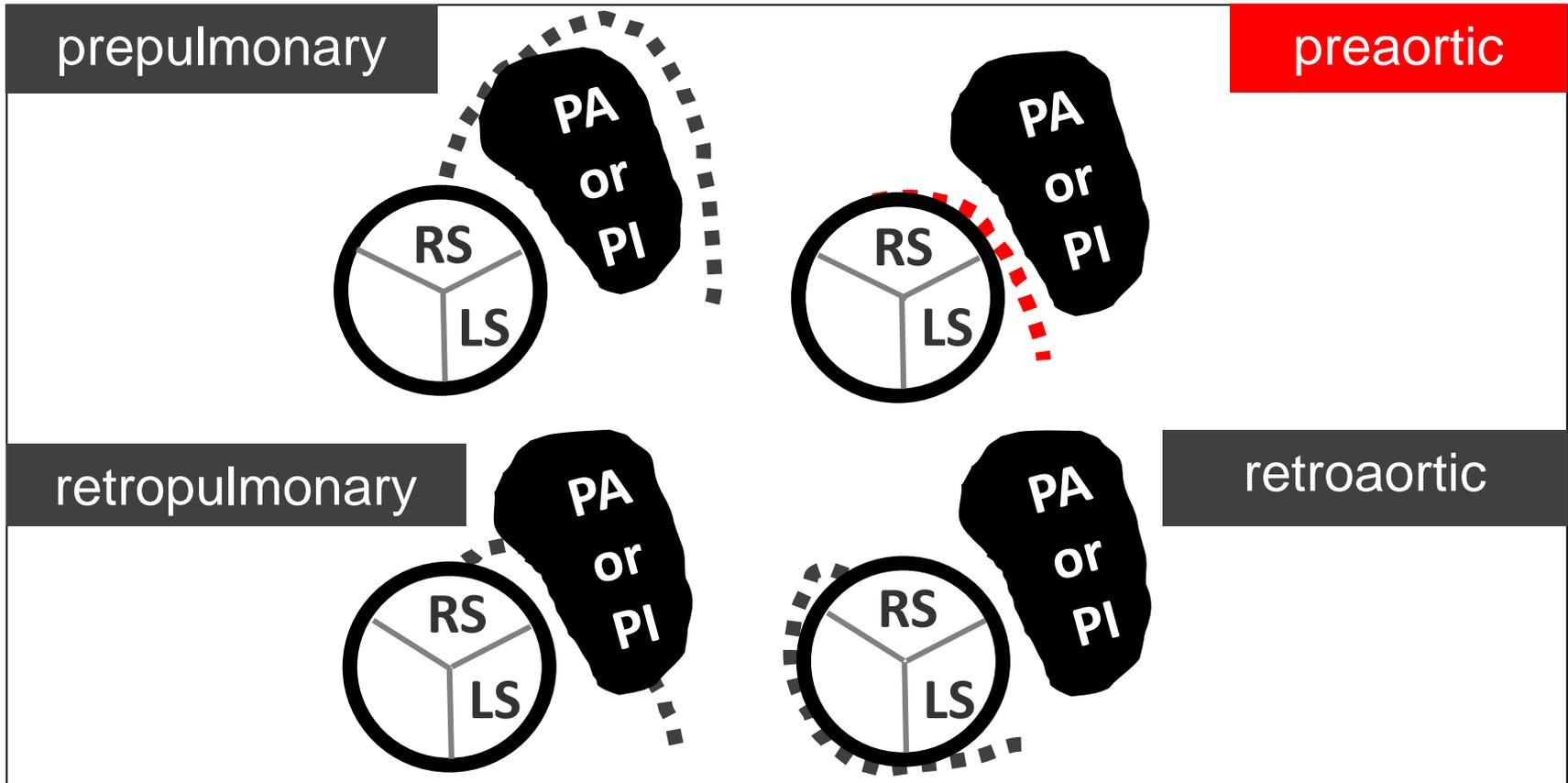
male, n (%)	340 (71.6)
age (years), mean \pm SD	63 \pm 13
age (years), min - max	16 - 95
age (years), n (%)	
\leq 35	11 (2.3)
$>$ 35	461 (97.7)



clinical presentation (n = 472 patients)

confirmed or suspected CAD, n (%)	295 (62.5)
atypical chest pain, n (%)	77 (16.3)
cardiomyopathy or valvulopathy, n (%)	78 (16.5)
aborted sudden death, n (%)	12 (2.5)
other presentations, n (%)	10 (2.2)

CAD: coronary artery disease



PA: pulmonary artery, PI: pulmonary infundibulum, RS: right sinus, LS: left sinus

type of course

LM or LAD	retropulmonary course, %	42.5
	prepulmonary course, %	30.0
	retroaortic course, %	13.5
	preaortic course, %	6.0
	other courses, %	8.0
Cx	retroaortic course, %	97.0
	other courses, %	3.0
RCA	preaortic course, %	89.5
	other courses, %	10.5

Cx: circumflex, LAD: left anterior descending, LM: left main, RCA: right coronary artery



risk classification (n=472 patients)

ANOCOR with preaortic course n (%)	154 (32.6)
ANOCOR with pulmonary connection n (%)	4 (0.8)
ANOCOR with other courses n (%)	314 (66.6)

ANOCOR: anomalous connections of the coronary arteries



patient characteristics (preaortic course)

ANOCOR with preaortic course, n	154
age (years), mean	61
age (years), min - max	21 - 89
age (years), n (%)	
≤ 35	5 (3.2)
> 35	149 (96.8)

ANOCOR: anomalous connections of the coronary arteries



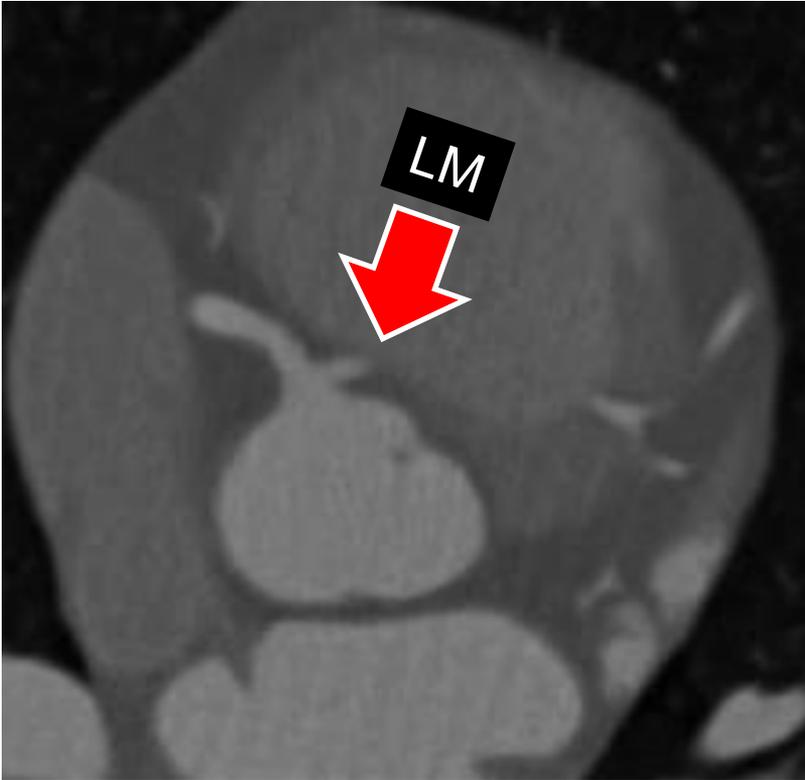
inter-observer variability

assessment of invasive and CT coronary angiography
proximal ectopic course

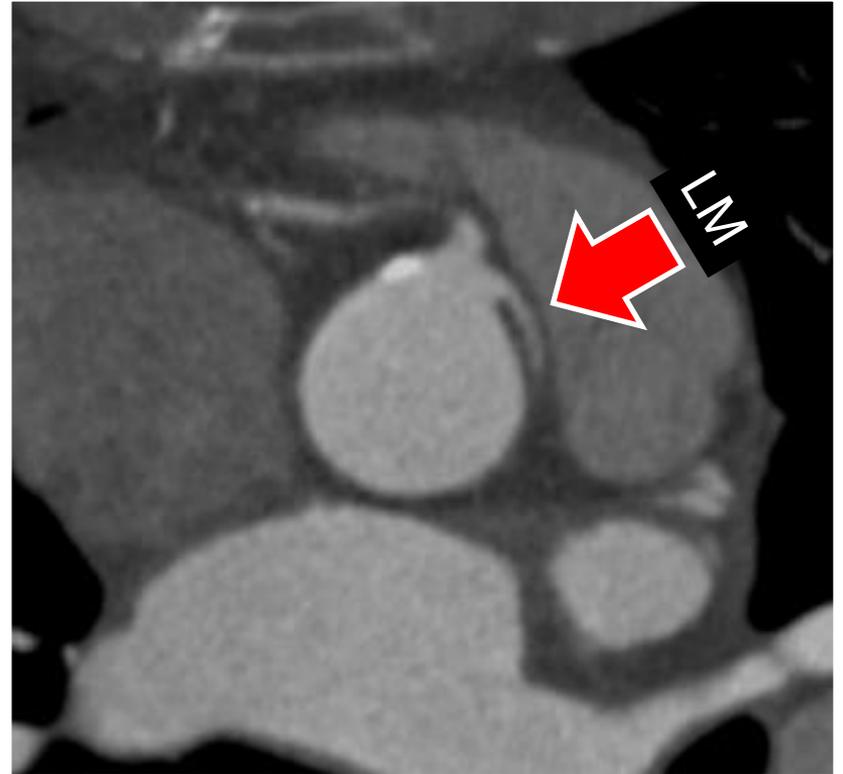
fair agreement between interventional cardiologists
and expert angiographic committee

$$0.25 < k < 0.40$$

misdiagnosis of course



retropulmonary



preaortic

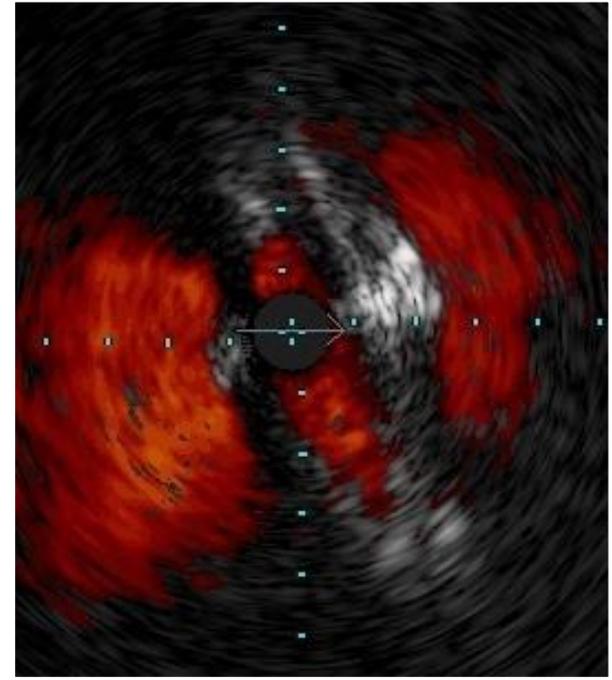
multimodality imaging of right ANOCOR



angio



CT-scan



IVUS

aborted sudden death (n=12)

n	12
age (years), mean \pm SD	50.0 \pm 17.0
age (years), min - max	16 - 75
age (years), n (%)	
\leq 35	3 (25.0)
$>$ 35	9 (75.0)



aborted sudden death (n=12)

number	age	artery	connection	course	significant CAD
1	50	Cx	contralateral artery	retroaortic	present
2	75	Cx	contralateral artery	retroaortic	present
3	72	Cx	contralateral artery	retroaortic	present
4	16	LM	pulmonary artery	normal	absent
5	53	Cx	contralateral artery	retroaortic	present
6	48	Cx	contralateral artery	retroaortic	absent
7	57	CX	contralateral artery	retroaortic	present
8	60	RCA	ascending aorta	preaortic	present
9	31	RCA	contralateral sinus	preaortic	absent
10	60	RCA	contralateral sinus	preaortic	present
11	30	RCA	contralateral sinus	preaortic	absent
12	44	CX	contralateral sinus	retroaortic	absent

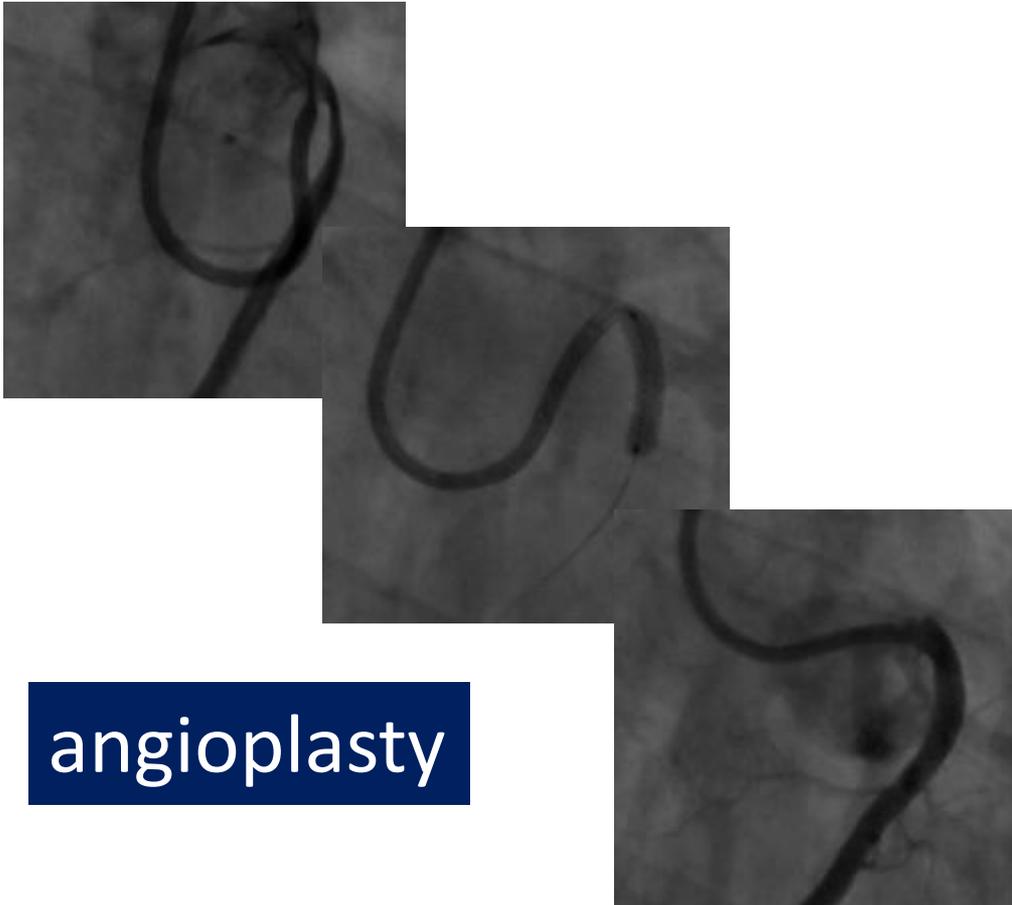
Cx: circumflex, LM: left main, RCA: right coronary artery



management

no treatment

restrictive activity



angioplasty



Gaudin R et al.
Multimed Man Cardiothorac Surg 2014

surgery



first messages

- ANOCOR population (n=472) is currently the largest cohort dedicated to anomalous connections of coronary arteries in adults
- discovery of ANOCOR is generally fortuitous in adults ≥ 35 y
- right ANOCOR is almost always associated with a preaortic course
- misdiagnosis of ectopic course is non rare
- revascularization is rarely proposed in adults with high-risk ANOCOR in the lack of CAD associated

ANOCOR: anomalous connections of the coronary arteries, CAD: coronary artery disease



what is next?

- natural history of high-risk ANOCOR
- history of corrected high-risk ANOCOR
- specific features of ANOCOR associated with aborted sudden death
- evaluation of ANOCOR with preaortic course
- risk stratification model in young people and adults with ANOCOR
- techniques of correction (surgery, angioplasty)

ANOCOR: anomalous connections of the coronary arteries



informations

www.sfcadio.fr

Groupes et filiales - GACI - registres - ANOCOR

multidisciplinary ANOCOR group
discussion of patients with ANOCOR
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