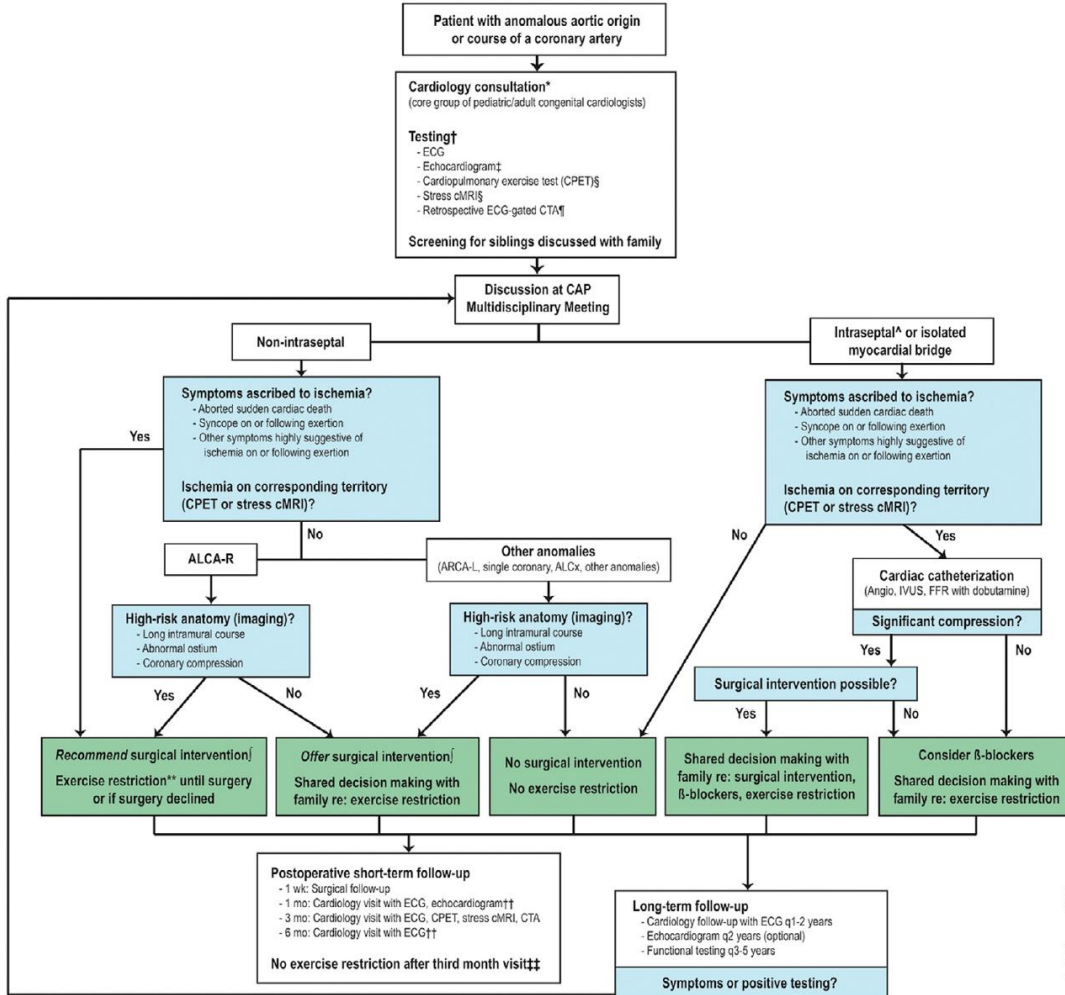


Coronary Anomalies Program

Texas Children's Heart Center



Clinical algorithm for patients with anomalous aortic origin or course of a coronary artery



ALCA-R: Anomalous left coronary from the right sinus, ALCAx: Anomalous left circumflex artery, ARCA-L: Anomalous right coronary from the left sinus, CAP: Coronary Anomalies Program.

* Consent obtained for participation in prospective CHSS and TCH databases.

† Additional studies (Holter, cardiac catheterization, etc) may be performed depending on the clinical assessment.

‡ External echocardiograms do not need to be repeated if the study is deemed appropriate.

§ CPET or stress cMRI not necessary on patients that present with aborted sudden cardiac death. These studies may be deferred in young patients.

¶ An external CTA may be used if able to upload the images and the study provides all necessary information to make a decision. CTA should be deferred in patients <8 years unless clinical concerns.

^ An intraseptal coronary is as an abnormal vessel (usually a left coronary arising from the right sinus) that travels posteriorly into the septum below the level of the pulmonary valve.

‡ Unroofing if significant intramural segment, neo-ostium creation or coronary translocation if intramural segment behind a commissure, coronary translocation if short or no intramural segment. Surgical intervention will be offered for patients between 10 and 35 years of age. Other patients will be considered on a case-by-case basis. Aspirin will be administered for 3 months after surgery.

** Restriction from participation in all competitive sports and in exercise with moderate or high dynamic component (>40% maximal oxygen uptake - e.g., soccer, tennis, swimming, basketball, American football). (Mitchell et al, JACC 2005; 1364-7).

†† Patient may be seen by outside primary cardiologist.

‡‡ Postoperative patients will be cleared for exercise and competitive sports based on findings at the third month postoperative visit including results of CPET, stress cMRI, and CTA.

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