Recommendations for the management of patients with anomalous coronary arteries

Recommendations	Class[a]	Level[b]
Non-pharmacological functional imaging (e.g. nuclear study, echocardiography, or CMR with physical stress) is recommended in patients with coronary anomalies to confirm/exclude myocardial ischaemia.	I	C
Anomalous coronary arteries from the pulmonary artery		
Surgery is recommended in patients with ALCAPA.	I	C
Surgery is recommended in patients with ARCAPA and symptoms attributable to anomalous coronary artery.	I	C
Surgery should be considered for ARCAPA in asymptomatic patients with ventricular dysfunction, or myocardial ischaemia attributable to coronary anomaly.	IIa	C
Anomalous aortic origin of the coronary artery		
Surgery is recommended for AAOCA in patients with typical angina symptoms who present with evidence of stress-induced myocardial ischaemia in a matching territory or high-risk anatomy.[c]	I	C

Continued

Surgery should be considered in *asymptomatic* patients with AAOCA (right or left) and evidence of myocardial ischaemia.	**IIa**	**C**
Surgery should be considered in *asymptomatic* patients with AAOLCA and no evidence of myocardial ischaemia but a high-risk anatomy.[c]	**IIa**	**C**
Surgery may be considered for symptomatic patients with AAOCA even if there is no evidence of myocardial ischaemia or high-risk anatomy.[c]	**IIb**	**C**
Surgery may be considered for *asymptomatic* patients with AAOLCA without myocardial ischaemia and without high-risk anatomy[c] when they present at young age (<35 years).	**IIb**	**C**
Surgery is not recommended for AAORCA in asymptomatic patients without myocardial ischaemia and without high-risk anatomy.[c]	**III**	**C**

AAOCA = anomalous aortic origin of a coronary artery; AAOLCA = anomalous aortic origin of the left coronary artery; AAORCA = anomalous aortic origin of the right coronary artery; ALCAPA = anomalous left coronary artery from the pulmonary artery; ARCAPA = anomalous right coronary artery from the pulmonary artery; CMR = cardiovascular magnetic resonance.

[a]Class of recommendation.

[b]Level of evidence.

[c]High-risk anatomy includes features such as an intramural course and orifice anomalies (slit-like orifice, acute-angle take-off, orifice >1 cm above the sinotubular junction).