

Congenital coronary artery anomalies

Eligibility for competitive sport is based on the anatomical type of CAA, as well as on the presence of ischaemia.

- Specifically, in CAA originating from the wrong sinus, with acute angled take-off from the aorta and anomalous coursing between the aorta and the pulmonary artery, the risk for SCA/SCD is believed to be the highest. Strong consideration should be given to surgical correction of such an anomaly in symptomatic patients. Prior to successful correction, participation in high-intensity sport is discouraged. Level of recommendation: Class II, level of evidence C.
- Traditionally, CAAs without inter-arterial course have been considered having a low risk of SCA/SCD. In the absence of ischaemia and arrhythmias on stress testing or symptoms (dizziness, fainting or syncope), there is no indication for surgical repair or treatment. At present, because of a lack of adequate data, an individualized approach for competitive sports participation is recommended, based on comprehensive evaluation (N.B.: expert consensus). Level of recommendation: Class III, level of evidence C.
- In case of previous surgical correction and lack of persistent, inducible ischaemia, all competitive sports are allowed. Level of recommendation: Class III, level of evidence C.
- In other types of CAA, such as anomalous origin of the circumflex artery from the right sinus, it is relevant to confirm the absence of inducible ischaemia and, in this case, no restriction exist regarding competitive sport participation. Level of recommendation: Class IIa, level of evidence C.