

Mardi 24 septembre 2024

# Cas Clinique : Un tronc pas commun

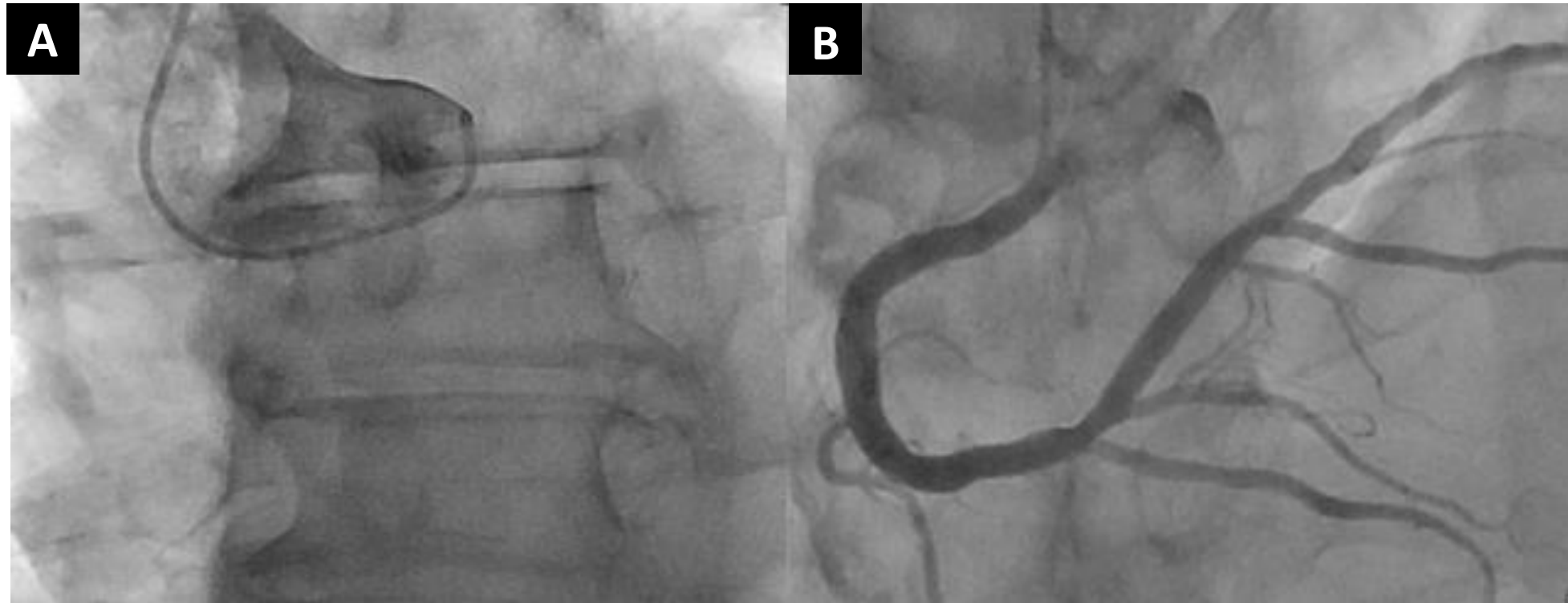
Dr ETTAGMOUTI Yassine – Dr BEJAR Amine  
Dr AUBRY Pierre – Dr POULOS Nabil  
Centre Hospitalier Gonesse

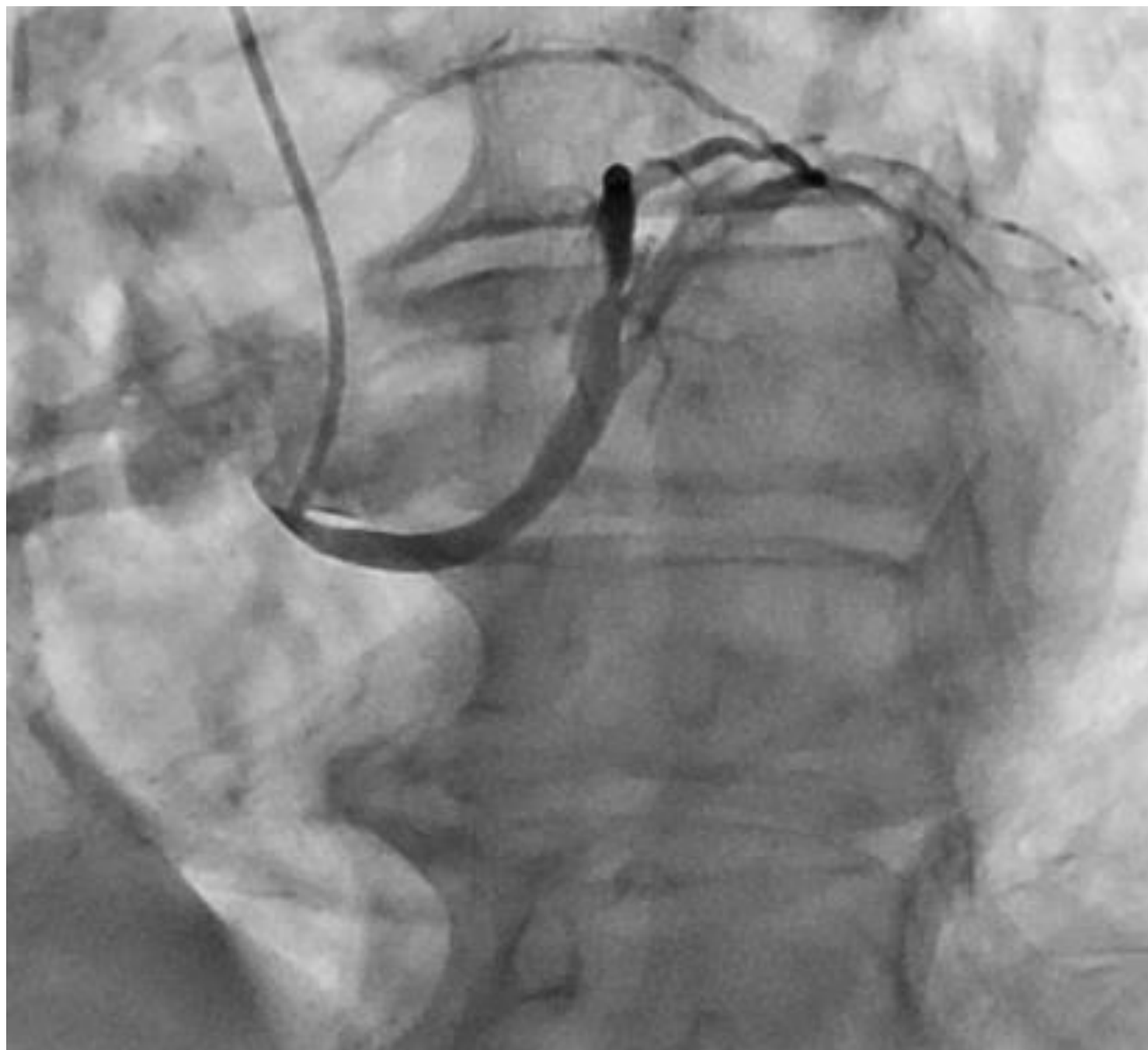


# Case presentation

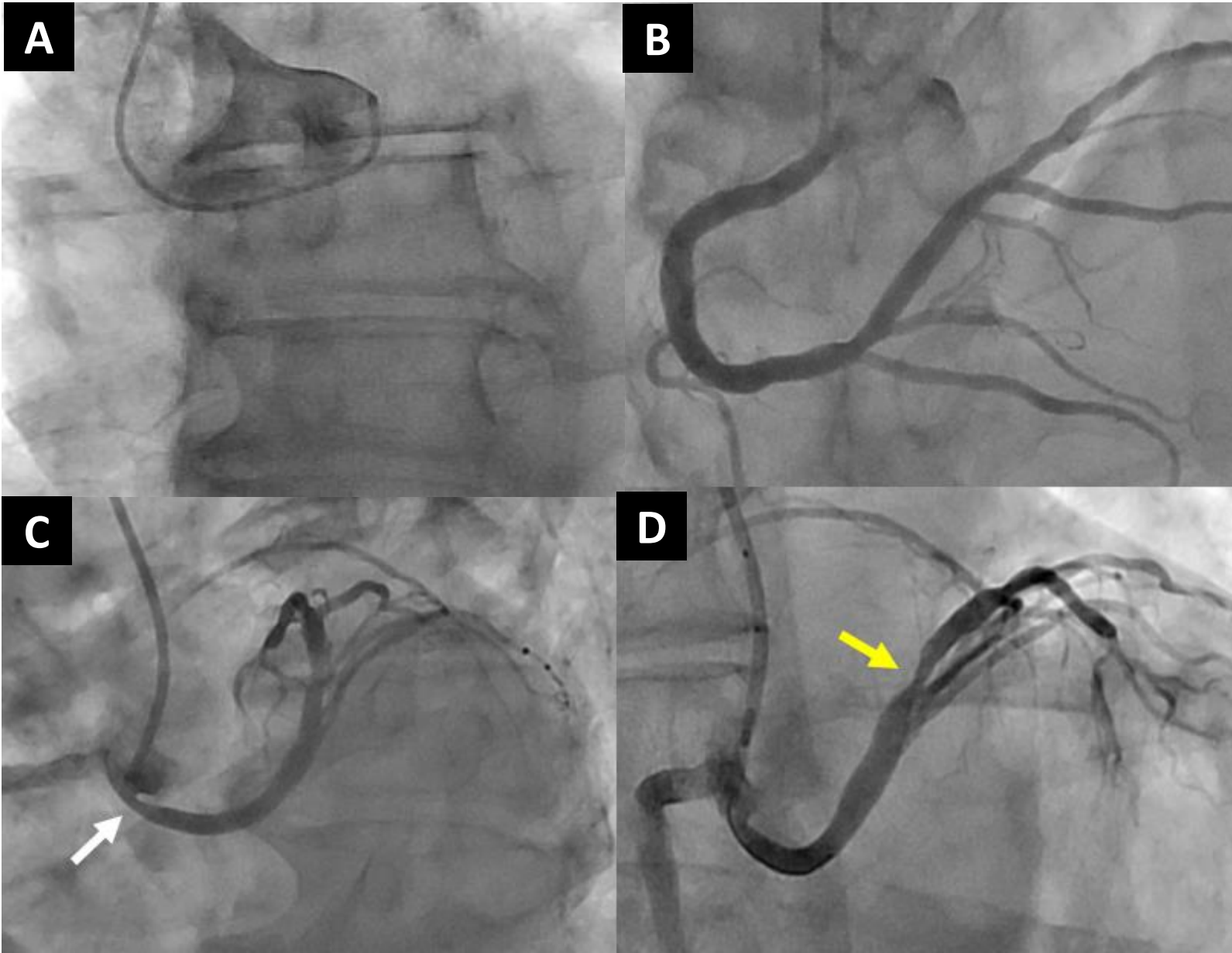
- A 61 y.o man presents with **atypical chest pain** since 2 months.
- Medical history: **diabetes type 2, dyslipidemia.**
- Clinical examination: BP = 130/65 mmHg, HR = 75 bpm, no signs of heart failure.
- EKG: sinus rhythm, no repolarization disorders.
- Echocardiography: LVEF 65%, no kinetic disorders, good RV function, no valvulopathy.
- Troponins: normal
- SPECT imaging: **inferior myocardial ischemia** in 2 out of 17 segments.

# Coronary angiography





# Coronary angiography

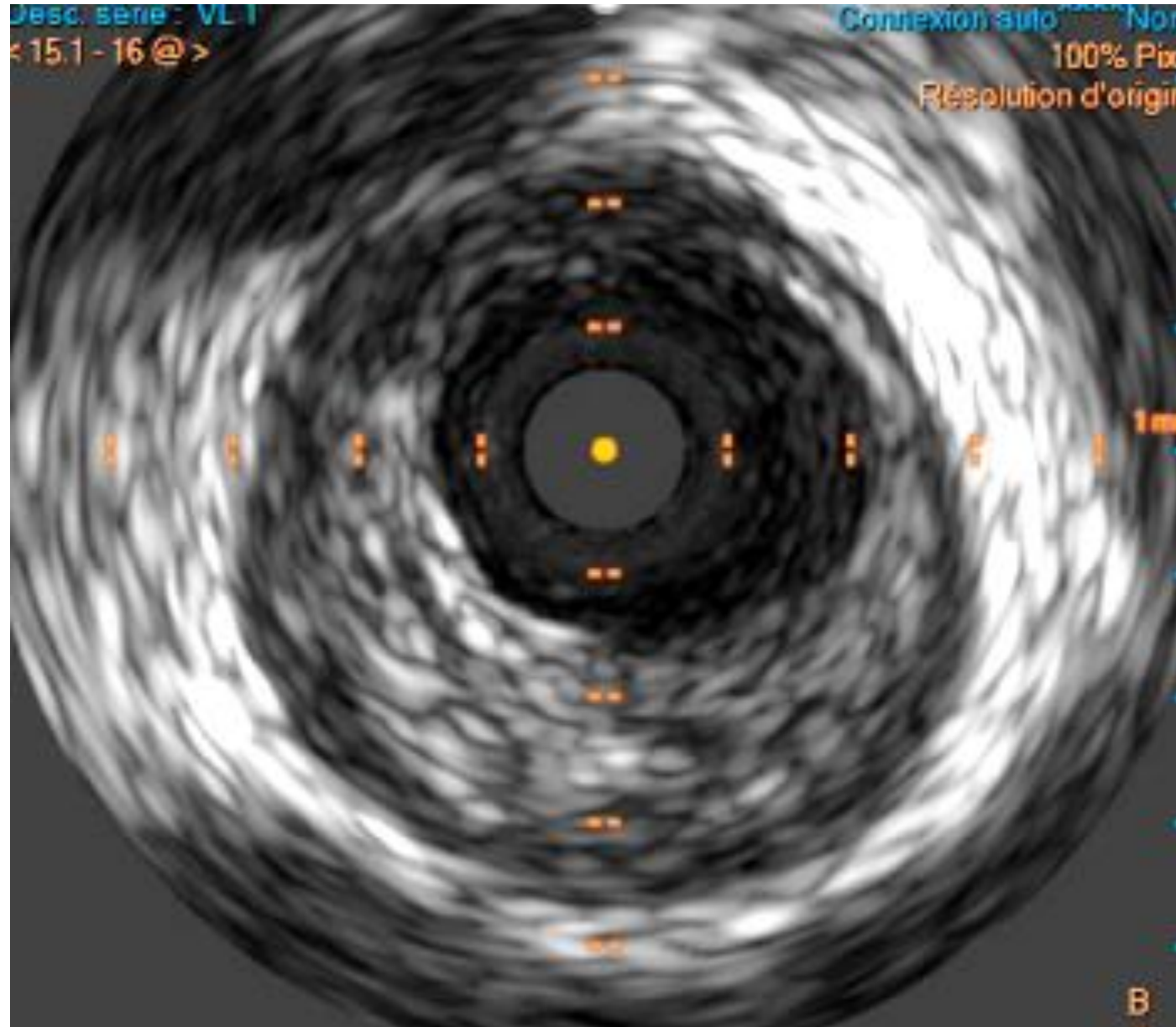


**What are your  
diagnosis and next  
step?**



# IVUS

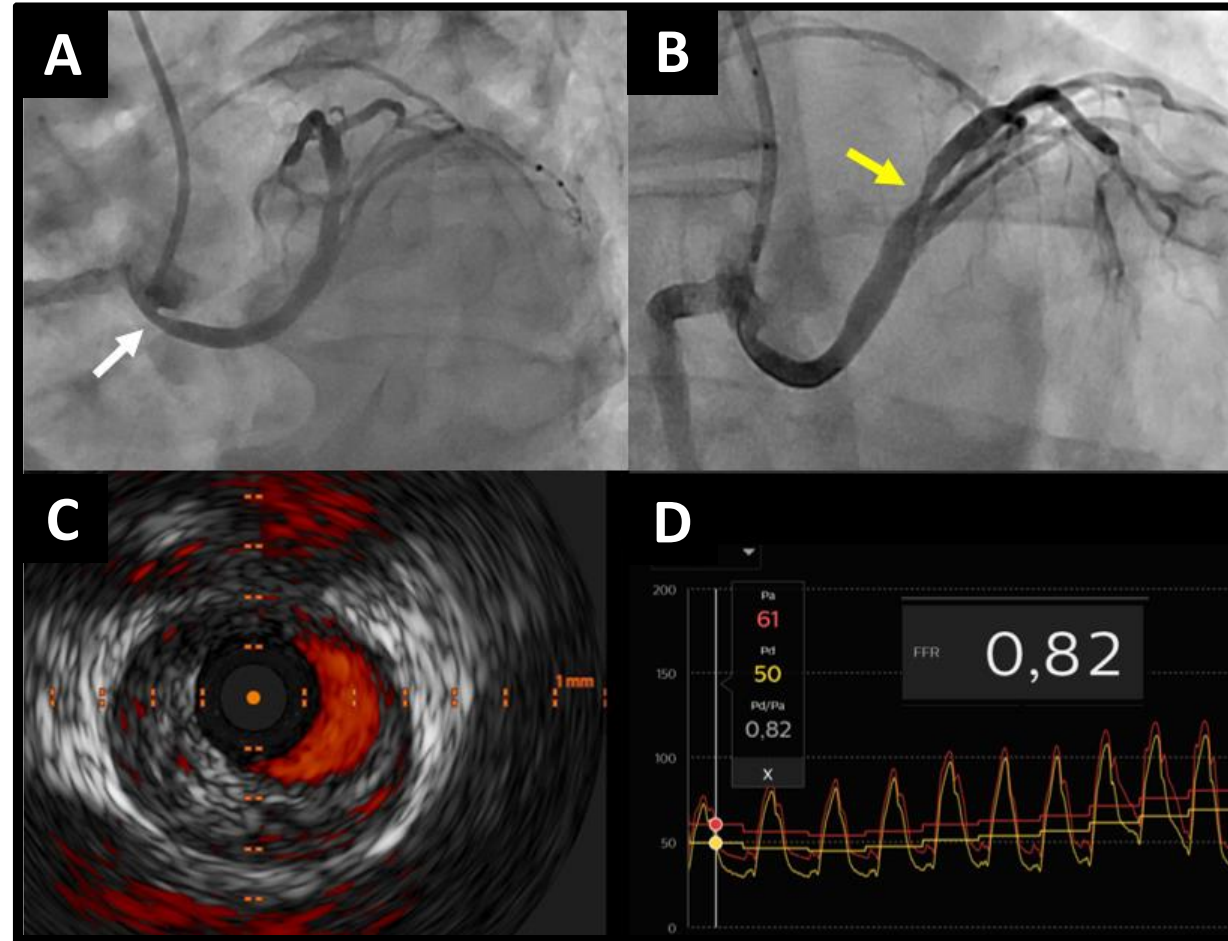
Ostium of LM artery





**IVUS of the LM artery:**  
atherosclerotic stenosis

- $MLA = 7.6 \text{ mm}^2$
- Reference area =  $22.6 \text{ mm}^2$
- Surface reduction = **66%**



**Physiological assessment:**

Functionally non-significant LM  
and LAD stenosis (**FFR >0.80**).

## Diagnosis:

- Anomalous origin of the LM from the right aortic sinus with a retroaortic course, associated with proximal atherosclerotic stenosis.

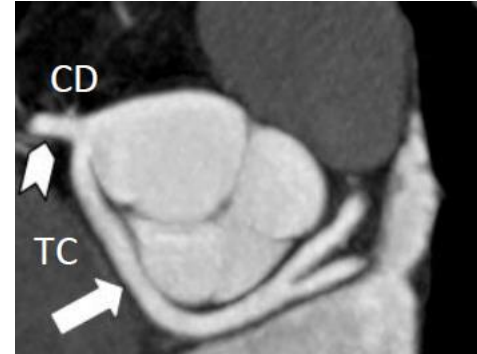
## Management:

- Medical treatment is recommended due to the absence of ischemic symptoms and no documented myocardial ischemia in the territory of the left coronary artery with patient reassessment.



# Comments

- **CCTA** is not crucial as the ectopic retroaortic course is clearly identified with the invasive angiography (**marked concave curve in LAO and RAO views**).
- Role of **IVUS** to rule in or rule out a coronary artery disease in congenital coronary anomalies (ANOCOR).
- Congenital coronary anomalies with a retroaortic course have a higher **prevalence** of **coronary artery disease** in comparison with other ectopic courses (1).



1. Zendjebil S, Koutsoukis A, Rodier T, Hyafil F, Halna du Fretay X, Dupouy P, et al. ; ANOCOR investigators. [Prevalence and location of coronary artery disease in anomalous aortic origin of coronary arteries](https://doi.org/10.1097/MCA.0000000000001385). Coron Artery Dis. 2024. [https://doi: 10.1097/MCA.0000000000001385](https://doi.org/10.1097/MCA.0000000000001385).

**THANK YOU FOR YOUR  
ATTENTION !**



Dr ETTAGMOUTI Yassine – Dr BEJAR Amine  
Dr AUBRY Pierre – Dr POULOS Nabil  
Centre Hospitalier Gonesse