中文題目：左冠狀動脈源自肺動脈

英文題目：Anomalous origin of left coronary artery from pulmonary artery

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Abstract

Anomalous origin of the left coronary artery from the pulmonary artery (ALCAPA) is a rare congenital heart disease. The left coronary artery (LCA) supplied deoxygenated blood to the heart muscle begins from the pulmonary artery. It can cause sudden cardiac death due to lack of oxygenated blood for cardiac muscle. Clinical presentations are chest pain, syncope, arrhythmia or sudden cardiac death. This is a case of anomalous origin of left coronary artery from the pulmonary trunk and dominant right coronary artery supplied the cardiac circulation. This is a 23-year-old female nurse. Initially, the patient presented with intermittent palpitation. Complete electrocardiogram showed normal sinus rhythm with ventricular premature complexes (VPCs). Holter ECG revealed frequent VPCs and non-sustained ventricular tachycardia. Echocardiography showed apical dyskinesis with LVEF 58.7%. Cardiac MRI showed no evidence of acute myocarditis or Arrhythmogenic right ventricular dysplasia (ARVD). Afterthere, the patient had sudden cardiac death once with ventricular tachycardia (VT) and recovered by cardiopulmonary cerebral resuscitation with defibrillation. Coronary angiography showed single right coronary artery and collateral circulation from RCA to LCA territories. Chest CT angiography found anomalous origin of the left main (LM) coronary artery from the pulmonary and another fistula connecting left main coronary artery with pulmonary trunk, dilatation of right coronary artery. Implantable cardioverter defibrillator (ICD) was implanted for ventricular tachycardia. The patient was discharged after symptom improved. So, ALCAPA may cause sudden cardiac death from arrhythmia.