



A Superdominant Conus Branch Supplying the Totally Occluded Left Anterior Descending and Right Coronary Arteries

Tamamen Tıkalı Sol İnen ve Sağ Koroner Arterleri Besleyen Süperdominant Bir Konus Dalı

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A 44-year-old man with a history of cigarette smoking (90 packs/year) and hypertension was admitted to our hospital with complaints of exercise-induced crushing chest pain and cold sweating. He had no other coronary risk factor, but he had a positive familial history of premature myocardial infarction. His physical examination and electrocardiogram were unremarkable. Transthoracic echocardiography showed inferobasal and posterobasal hypokinesia and mildly decreased left ventricular ejection fraction (50%). Coronary angiography revealed total occlusion at the proximal segment of the left anterior descending artery (Figure 1A) and right coronary artery (Figure 1B) with a superdominant conus branch supplying both of them and the normal circumflex artery. We decided to follow the patient under medical therapy, and the patient was discharged from the hospital.

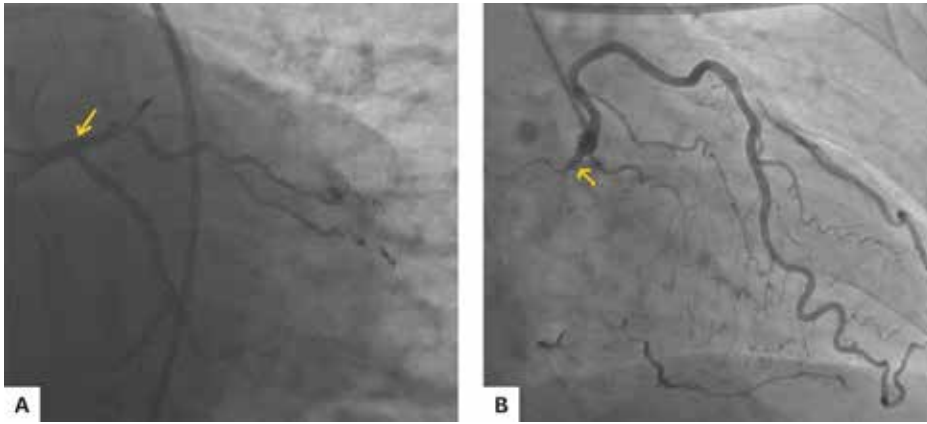


Figure 1. Coronary angiography images, (A) anteroposterior caudal view showing the totally occluded left anterior descending (LAD) artery, patent circumflex (Cx) and intermediate artery, (B) right anterior oblique view showing total occlusion at the proximal segment of right coronary artery and a superdominant conus branch supplying the totally occluded LAD and right coronary arteries.

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