# POTENTIALITIES OF NON-INVASIVE DIAGNOSES OF ANOMALOUS CORONARY ARTERIES BY MULTISLICE CT ANGIOGRAPHY

Essay submitted in partial fulfillment of Master Degree in Radiodiagnosis by

# **Mayada Mohamed Diaa**MB BCh

#### Supervised by

#### Dr. Moataz M. Samy El-Beblawy

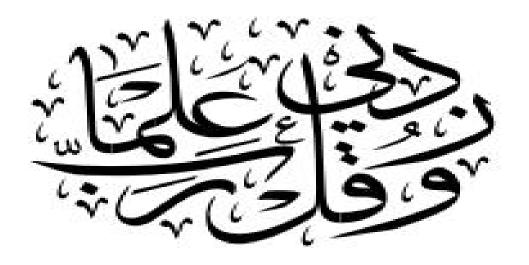
Assistant Professor of Radiodiagnosis Faculty of Medicine, Ain-Shams University

#### Dr. Lobna AbdelMoneim Habib

Assistant Professor of Radiodiagnosis Faculty of Medicine, Ain-Shams University

> Faculty of Medicine Ain-Shams University 2010

# بسم الله الرحمن الرحيم



صدق الله العظيم

# TO MY FAMILY

For Their Abundant Support, For Their Patience And Understanding, And For Their Love.

#### **ACKNOWLEDGEMENTS**

I am deeply indebted to Prof.Dr. Moataz M. Samy El-Beblawy Assistant Professor of Radiodiagnosis Ain-shams University, for his continuous guidance and encouragement throughout the development of this Essay.

Gratefully I thank Dr. Lobna AbdelMoneim Habib Assistant professor of Radiodiagosis Ain-Shams University for the extensive direction and support afforded during this research.

### **CONTENTS**

1.	Introduction and Aim of Work	1-4
2.	Normal CT Anatomy of the Coronary	<b>=</b> 4.7
	Arteries	5-16
3.	Pathology and Classification of Coronary	•
	Artery Anomalies	17-25
4.	Technique of Multi-Slice CT Coronary	
	Angiography	26-41
5.	CT Appearance of Anomalous Coronary	
	Arteries	42-104
6.	Summary and Conclusion	105-109
7.	References	110-125
8.	Arabic Summary	126-129

### **LIST OF ABBREVIATIONS**

Abbreviation	Description	
A	Aorta	
ALCAPA	Anomalous Origin Of The Coronary	
	Artery From The Pulmonary Artery	
Ao	Aortic Root	
AVGA	Atrio Ventricular Groove Artery	
bpm	Beat Per Minute	
cc	Cubic Centimeter	
CS	Coronary Sinus	
CT	Computed Tomography	
CTA	Computed Tomography Angiography	
ECG	Electrocardiogram	
HU	Hounsfield Unit	
IV	Intravenous	
kV	Kilovolt	
kVp	Kilovolt Peak	
LA	Left Atrium	
LAD	Left Anterior Descending	
LCA	Left Main Coronary Artery	
LCx	Left Circumflex Artery	
LV	Left Ventricle	
mA	Milliamp	
mAs	Milliamp Seconds	
MDCT	Multi-Detector Row Computed	
	Tomography	
mg	Milligram	
MIP	Maximum-Intensity-Projection	

Abbreviation	Description	
mL	Milliliter	
mm	Millimeter	
ms	Millisecond	
MSCT	Multi-Slice Computed Tomography	
mSv	Millisievert	
OM	Obtuse Marginal	
PA	Pulmonary Artery	
PDA	Posterior Descending Artery	
PLB	Posterior Lateral Branch	
RA	Right Atrium	
RAH	Right Anterior Head	
RCA	Right Coronary Artery	
RV	Right Ventricle	
RVOT	Right Ventricular Outflow Tract	
S	Second	
SAN	Sinoatrial Node Branch	
SD	Standard Deviation	
VR	Volume-Rendered	

### **LIST OF FIGURES**

FIG.#	TITLE	PAGE#
1	Diagrams illustrate the coronary artery anatomy (circle and half-loop model)	5
2	Normal ECG-gated multi-detector row CT anatomy of the RCA and its branches, multiple views.	8-10
3	Normal ECG-gated multi-detector row CT anatomy of the LCA and its branches, multiple views	12-14
4	CT images of normal heart in 53-year-old man. Axial 5-mm maximum-intensity-projection (MIP) images.	15-16
5	Perspective views of the single slice CT scanner and the multi-slice CT scanner.	27
6	Pitch Definition	30
7	Graphs demonstrate the necessity for scanning at low pitch values during helical cardiac CT data acquisition	31
8	Diagram shows the range of diastolic regions for varying heart rates.	34
9	High takeoff of the RCA in a 55-year-old man	44-45
10	Three-dimensional volume-rendered reformation shows high origin of right coronary artery	46
11	Conus branch anatomy variations	48-49
12	Multiple ostia with separate origins of the LAD and LCx arteries in a 50-year-old man.	50-51

FIG.#	TITLE	PAGE #
13	volume-rendered reconstruction images showing absent left main coronary artery with separate origins for the circumflex artery and LAD	53-54
14	Single coronary artery in an 80-year-old man.	55-56
15	Single left coronary artery Volume-rendered reconstructions	57
16	MDCT of a 45 years old male showing Absent LCA with subsequent Abnormal origin of the LAD and LCX, (from the RCA).	58
17	Images of a patient with an anomalous origin of the LCA from the pulmonary artery, also known as ALCAPA	61
18	Bland-White-Garland syndrome in a 29- year-old woman. Preoperative and post operative VR images	62-66
19	LCA anomalously arising from the right coronary sinus and four anomalous courses	69
20	anomalous origin of the right coronary artery from the left aortic sinus with subsequent interarterial course. Volume rendered three-dimensional reconstruction of CT coronary angiography in a 34-year-old man	71
21	MDCT of a 70 years old male patient Showing RCA originating anteriorly from the left coronary sinus of Valsalva	72

FIG.#	TITLE	PAGE #
22	Multislice computed tomography (MSCT) images in Patient .showing anomalous origins of the RCA	73
23	MDCT of 69 years old male showing LCA originating abnormally from the proximal RCA segment then it turns posteriorly to run in between the aorta and the right atrium	75
24	LCA arises from the right sinus of Valsalva	76
25	LCA arising from the right coronary sinus and taking a prepulmonic course in a 50-year-old man.	77-78
26	Volume-rendered image in a 28-year-old patient presenting with mild, retrosternal pain showing origin of circumflex artery from right aortic sinus.	81
27	LCx artery arising from the right coronary sinus and taking a retroaortic course in a 45-year-old woman. VR image of the top of the heart.	82
28	MDCT of a 73 years old male showing Abnormal separate origin of LCX from the right coronary sinus of valsalva.	83
29	Multislice computed tomography (MSCT) findings in Patient showing an anomalous left circumflex artery (LCx) multiple views	84
30	LAD artery arising from the right coronary sinus and taking a septal (subpulmonic) course in a 65-year-old man.	85-86
31	Myocardial bridging	89

FIG.#	TITLE	PAGE#
32	MDCT angiography images Curved multiplanar reformation in 48-year-old man with incidentally noted myocardial bridge	90
33	MDCT angiography images Axial image in 48-year-old man with incidentally noted myocardial bridge	91
34	Myocardial bridging in a 50-year-old man. ECG-gated multi-detector row CT scans (short-axis two-chamber views) obtained during diastolic and systolic phases.	92-93
35	Duplication of the LAD artery in a 47 years old man. Anterior oblique VR image.	96
36	Duplication of the posterior descending artery. Axial 10mm MIP in a 44 years old man	97
37	Coronary artery fistula .MDCT angiography images in 54-year-old Volume rendered image	101
38	Coronary artery fistula in a 72-year-old woman. Oblique VR image	102

### **LIST OF TABLES**

TAB.#	TITLE	PAGE#
1	Classification of Coronary Anomalies Observed in (Normal) Human Heart s	19-23
2	Imaging protocol used for 64-slice MDCT coronary angiography	37

## CHAPTER I

# INTRODUCTION AND AIM OF WORK

#### **INTRODUCTION**

Congenital abnormalities of the coronary arteries are an uncommon but important cause of chest pain and, in some cases of hemodynamically significant abnormalities, sudden cardiac death (**Kim et al., 2006**).

Clinical presentations depend on the specific anatomy. Most coronary artery anomalies are benign and clinically insignificant; however, some anomalies are potentially significant and can lead to heart failure and even death (Earls, 2006).

The prevalence of coronary arteries congenital anomalies is 1 to 2 % in the general population. Although the spectrum of their clinical presentation is very broad from total iniquity to lethal, anomalies of coronary arteries need to be recognized by clinicians in certain circumstances: they are the first cause of death in young adults under physical exercise and an abnormal