

## NO CONFLICT OF INTEREST TO DECLARE

S. Yen Ho PhD, FRCPPath, FESC, FHEA

Professor of Cardiac Morphology

Consultant Cardiac Morphologist

Royal Brompton Hospital

Imperial College London

- Normal origin and distribution
- Abnormal origins → from aorta
  - from pulmonary trunk
- Anomalous epicardial course
- Abnormal communications
- Others

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# Coronary Arteries

RCA, separate origin of infundibular branch



CT Images courtesy of Dr Francesco Faletra, Lugano

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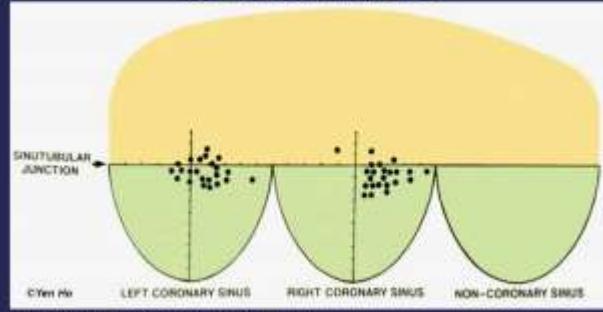
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# Coronary Arteries

Sites of coronary orifices

23 normal hearts



Muriago et al. Clin Anat 1997; 10:1-6

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# Coronary Arteries

Distribution - epicardial course



CT Image courtesy of Dr Francesco Faletra, Lugano

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# Coronary Arteries

Distribution - epicardial course

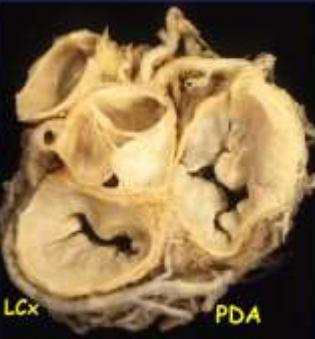


## Coronary Arteries

RIGHT DOMINANCE



LEFT DOMINANCE



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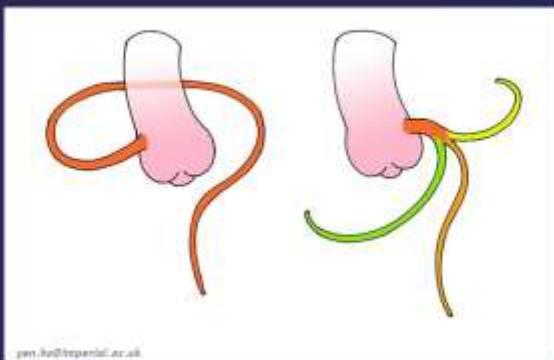
## Coronary Arteries

### ABNORMAL ORIGIN FROM AORTA

- How many? e.g. Solitary orifice
- Ostial stenosis / shelf / atresia
- High take-off (above sinutubular junction)

## Coronary Arteries

Single orifice, solitary coronary artery



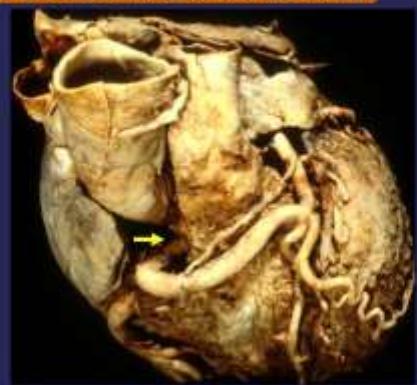
pm.bu@imperial.ac.uk

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## Coronary Arteries

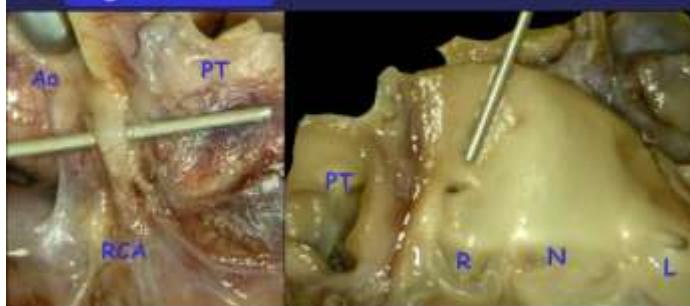
Single orifice, solitary coronary artery



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## Coronary Arteries

High take-off

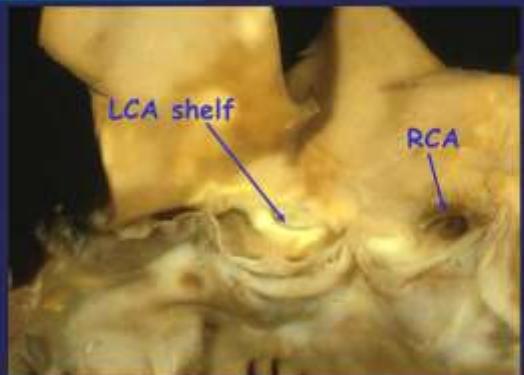


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## Coronary Arteries

Shelf at orifice

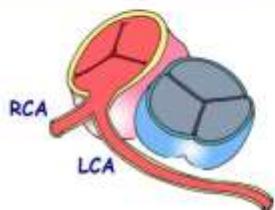


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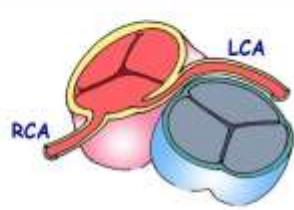
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## Coronary Arteries

### Left coronary from the wrong aortic sinus



Anomalous origin of intervent. artery (LAD)



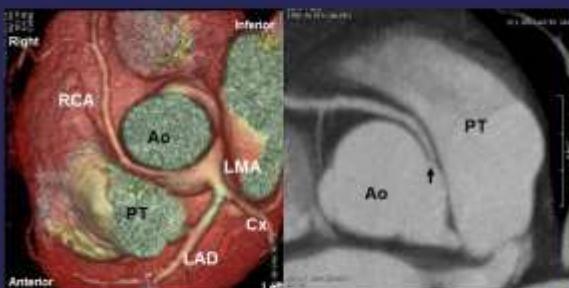
Anomalous course between trunks

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## Coronary Arteries

### Right coronary from left coronary sinus

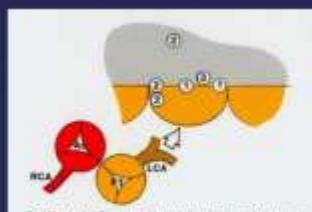


CT images courtesy of Dr Francesco Faletta, Lugano

## Coronary Arteries

### ABNORMAL ORIGIN FROM PULM. TRUNK

- Isolated lesion / with cong. heart defect
- Usually from facing sinus of pulm. trunk
- **Usually LCA**, sometimes RCA, rarely both
- Severity depends on collateral circulation



Smith et al. J Thorac Cardiovasc Surg 1988;85:618-24

**ALCAPA**  
SCD in ~40%

Male : Female = 1:2

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## Coronary Arteries

### Left coronary from Pulmonary valve sinus

- Dilated and fibrotic LV
- Differentiate from DCM



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## Coronary Arteries

### Patterns in congenital heart disease

Relevant to surgical repair

e.g. tetralogy of Fallot, complete transposition, pulmonary atresia with intact ventricular septum.



\* Origin

\* Epicardial course

\* Fistulous communications

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## Coronary Arteries

### Summary:

- Normal - arterial dominance
- Abnormal - origin, orifice, epicardial course, fistulous communications
- Other - arteriopathy

## Coronary Arteries

Arteriopathy - Kawasaki

Coronary aneurysms

occurring mostly in infants and children younger than 5 years of age

3 linked processes:

a) necrotizing arteritis - from luminal endothelium (resolves within 2 weeks of fever onset) forms saccular aneurysms, thrombus

b) subacute chronic arteritis - from adventitia, some intact media, fusiform dilatation

c) luminal myofibroblastic proliferation - from media - progressive arterial stenosis with or without thrombosis



## Coronary Arteries

Arteriopathy - idiopathic arterial calcification - autosomal recessive - loss of function mutation in ENPP1 gene in 80% cases.



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## Coronary Arteries: summary

- Normal - arterial dominance
- Abnormal - origin, orifice, epicardial course, fistulous communications
- Other - arteriopathy

Thank you

Terima kasih  
jumpa lagi

Yen Ho

eMail: Morphology@rbht.nhs.uk

LinkedIn: Brompton Cardiac Morphology

[www.rbht.nhs.uk/morphology](http://www.rbht.nhs.uk/morphology)

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