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Clinical Image

Anomaly of the Conus Artery arising from the Right Coronary Artery: Conus Artery- to- Bronchial Artery Fistula

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A 58 year-old male who had atypical angina pectoris was admitted to our clinic cardiology clinic. He was a chronic smoker and had chronic obstructive pulmonary. He had hypertension for 5 years. After coronary angiography was performed due to an abnormal exercise testing, his angiogram demonstrated a conus artery (CA) - to-bronchial artery fistula on the ipsilateral side (Figure 1,2 and video 1). His conus artery was arising from the right coronary artery (RCA) which was normal and non-dominant. The fistulous connection originated from the proximal segment of the CA and communicated with the collaterals of the right bronchial artery was shown (Video 2). Left coronary angiogram revealed a stenosis of left anterior descending artery- 50% and normal circumflex artery. Beta blocker, angiotensin-converting enzyme inhibitory and aspirin were prescribed after discharge from the hospital. The patient had no atypical angina pectoris one month after medication. Coronary artery to bronchial fistula usually occurs in chronic pulmonary disease. This type course of conus artery to bronchial artery should be interpreted carefully during surgical revascularization of myocardium or any thoracic surgery to avoid vessel injury and hemorrhage.

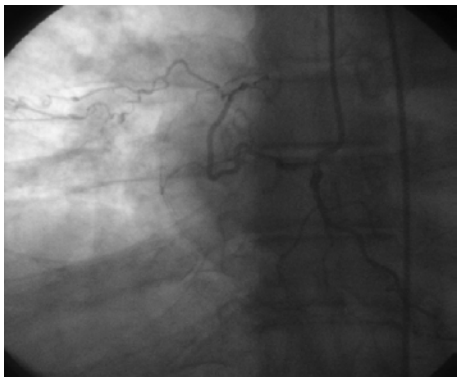


Figure 1: Demonstrates a fistulous connection arising from the conus artery coursing between proximal right coronary artery and right bronchial artery.

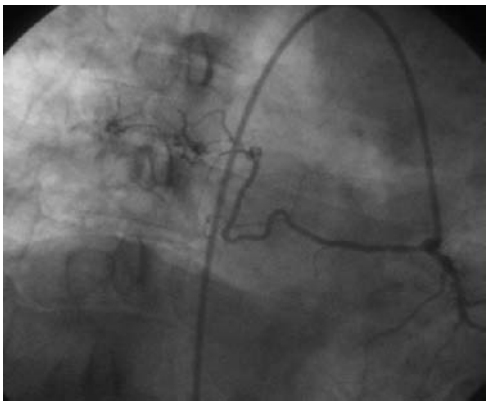
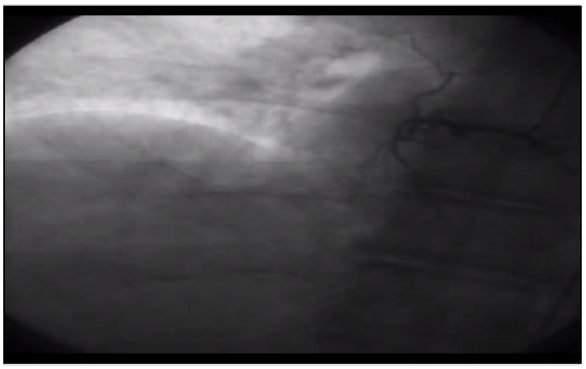


Figure 2: Demonstrates a fistulous connection arising from the conus artery coursing between proximal right coronary artery and right bronchial artery.

Video 1: Shows an unusual anatomic variation of the conus artery terminating in the bronchial artery.



Video 2: The conus artery connects to the bronchial artery on the right and posterior lung area with a generalized collateral vessel.

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