

Figure 3. Multislice computed tomography demonstrates a giant aneurysm strongly suspected to be originated from right coronary artery. A three dimensional reconstruction (using volume rendering techniques or VRT) shows the lumen of the aneurysm incompletely filled with mural thrombus.

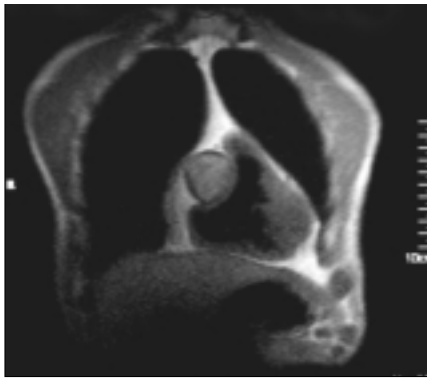


Figure 4. Coronal T2-weighted image of the thorax demonstrates the large spherical mass

subsequent vessel occlusion, distal thromboembolization or even myocardial infarction (4). The aneurysm may also present as an intracardiac mass once it is thrombosed (5). New imaging techniques as MSCT and MRI are going to be well-established and widely used methods to evaluate such abnormalities nowadays.

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Multiple and bilateral coronary fistulas resulting in myocardial ischemia due to significant stealing of coronary artery blood flow

Koroner arterden önemli miktarda kan çalınması sonucu miyokard iskemisine neden olan iki taraflı ve çoklu koroner fistül

A coronary artery fistula is a direct communication between a coronary artery and one of the cardiac chambers or vessels around the heart. The incidence of congenital coronary artery fistulas was reported to be 0.08% in Turkish adults who underwent diagnostic cardiac angiography (1). If myocardial ischemia is documented in case of coronary fistulas, one of the following therapeutic options should be chosen: surgical procedure involving closure of the openings of the fistulas from inside the pulmonary trunk, covered stent implantation and percutaneous transluminal embolisation involving closure of the fistulas from the proximal portion or mid-portion (2-4).

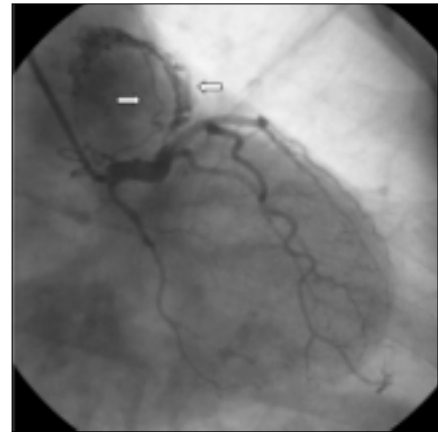


Figure 1. Two small coronary-pulmonary fistulas from the left main coronary artery and one coronary-pulmonary fistula from the left anterior descending artery were detected on coronary angiography (arrows)



Figure 2. Two coronary fistulas originated from the proximal and distal portion of the right coronary artery (RCA) are seen on coronary angiography (arrows). The fistula arose from the proximal RCA drains in to the pulmonary artery like fistulas seen in Figure 1

We present a patient with multiple bilateral coronary pulmonary fistulas in this report. The patient was investigated for the etiology of effort dyspnea and limited functional capacity. Electrocardiography was normal. Because of anterolateral myocardial ischemia on myocardial perfusion scintigraphy, coronary angiography was performed. Multiple and bilateral coronary-pulmonary artery fistulas were detected on coronary angiography. Two fistulas from the left coronary artery (LMCA), one fistula from the left anterior descending artery (LAD) and two fistulas from the right coronary artery (RCA) were mostly draining in to pulmonary artery (Fig. 1, 2). Atherosclerotic disease was not detected in the coronary arteries. Because of the presence of effort dyspnea, limited functional capacity and regional myocardial ischemia, we planned surgical ligation of the coronary-pulmonary fistulas in the course of the off- pump heart surgery. However, the patient refused the operation and was treated medically. We avoided nitrate therapy, which might possibly increase myocardial ischemia in case of coronary fistulas (5).

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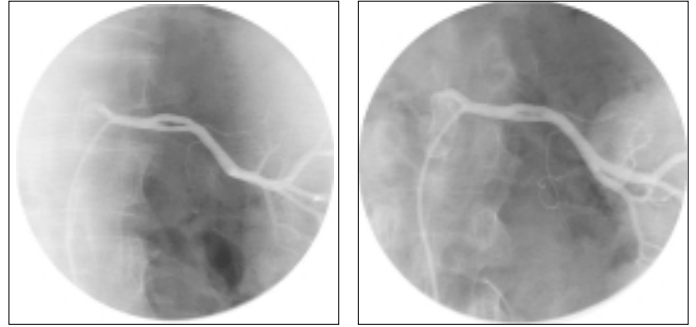
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Renal artery fenestration in a hypertensive adult patient

Hipertansif bir hastada renal arter fenestrasyonu

A 60-year-old male patient was admitted to our cardiology out-patient clinic because of stable angina pectoris. His supine arterial blood pressure was 160/90 mmHg, heart rate 88 bpm, and his temperature was 36.7°C. As a risk factor, he had hypertension for 10 years, which was poorly regulated. Physical examination was unremarkable. Electrocardiography and transthoracic echocardiography were normal. Serum blood urea nitrogen, creatinine, and urinalysis were also normal. Because of treadmill test positivity, coronary angiography was performed, which showed normal coronary arteries. Selective renal angiography was also performed during coronary angiography because of poorly controlled hypertension. Renal artery angiography demonstrated a fenestration of the left renal artery (Fig. 1, 2. Video 1-3. See corresponding video/movie images at www.anakarder.com). Right renal artery was normal. The term fenestration is used for areas in an artery of short focal division of the lumen.

Although fenestration of the cerebral arteries relatively common, to our knowledge, fenestration of the renal artery is a previously unreported developmental anomaly with unknown clinical significance.



Figures 1 and 2. Selective left renal angiography views showing fenestration

Since we did not perform renal vein renin analysis, we cannot comment on whether hypertension which was poorly controlled with combined antihypertensive medications can be associated with this anomaly.

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Eisenmenger sendromunun nadir görülen sebebi: Tip A aortik enterüpsiyona eşlik eden büyük ventriküler septal defekt ve patent duktus arteriyozus

A rare cause of Eisenmenger syndrome: type A aortic interruption associated with large ventricular septal defect and patent ductus arteriosus

On yaşında kız hasta kliniğimize çabuk yorulma ve halsizlik şikayetleriyle başvurdu. Fizik muayenede TA 110/80 mmHg, nabız 98 atım/dk'dı. Oskültasyonda tek ve şiddetli ikinci kalp sesi ve pulmoner odakta diyastolik, dekresendo üfürüm saptandı. Bilateral femoral nabızlar palpe edilirken, parmaklarda çomaklaşma ve diferansiyel siyanoz izlendi. Telekardiyografide kardiyotorasik oran artmış, pulmoner konusun belirgin ve periferde doğru vaskülarite azalmıştı (Resim 1). Hemoglobün 12.6 gr/dl, hematokrit 37.7, serum kreatinin ve karaciğer enzimleri normal sınırlardaydı. Elektrokardiyografide biventriküler hipertrofi ekokardiyografide ise geniş outlet ventriküler septal defekt (VSD) saptanırken suprasternal incelemede aorta sol subklaviyan arter sonrasında izlenemedi. Pulmoner arterin normalden geniş olarak, inen aortayla devam ettiği gözlemlendi. Femoral arter aracılığıyla inen aortadan arkus aortaya geçilemedi. Sineanjiyogramda ana pulmoner arter enjeksiyonunda pulmoner arter ve dalları geniş olarak izlendi ve inen aortanın olduğu saptandı (Resim 2. Video 1- video görüntüleri www.anakarder.com'da izlenebilir). Çıkan aorta anjiyografisinde ise aortanın sol subklaviyan arter sonrasında devamlılığının olmadığı izlendi (Resim 3. Video 2- video görüntüleri