



**Figure 3.** Intraoperative view of a calcified aneurysm right to the aorta. Advanced calcification is seen through the right and left atrial walls

mitral valve replacement was replaced. Further complications including an important hemorrhagic diathesis reliably caused by long cross-clamping time (260 minutes totally), occurred and lead to the death of a patient.

We describe our experience in the therapeutical management of a calcified ASV. We believe that the calcification of aneurysm wall is a factor that could contribute to increase mortality rate.

**Ali Vefa Özcan, \*Harun Evrengül, İbrahim Gokşin, Gokhan Önem**  
From Departments of Cardiovascular Surgery and \*Cardiology,  
Faculty of Medicine, Pamukkale University, Denizli, Turkey

**Address for Correspondence/Yazışma Adresi:** Dr. Ali Vefa Özcan  
Siteler Mah. Barbaros Cad. 6248 Sok. C-Blok No: 3, 20070 Kınıklı, Denizli, Turkey  
Phone: +90 258 212 34 94 Gsm: +90 532 574 49 57 Fax: +90 258 212 99 22  
E-mail: vefaozcan@yahoo.com

## Coronary to pulmonary artery fistula associated with significant coronary atherosclerosis

### *Ciddi koroner aterosklerozun eşlik ettiği koroner arter fistülü olgusu*

A 47-year-old man with history of smoking was admitted to our institution having exercise dyspnea and substernal chest pain for 3 months. He had no history of cardiac disease or trauma and his physical examination was normal. The 12-lead electrocardiogram revealed T wave inversion in leads V4-V6. The exercise treadmill stress test showed ST depression of 1.5 mm in leads V1-6. Coronary angiogram demonstrated a coronary artery fistula (CAF) originating from the proximal left anterior descending coronary artery superior to a critical atheromatous stenosis (Fig. 1), draining into the pulmonary artery (Fig. 2. Video 1. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)). The patient was planned to undergo coronary surgery.

Among coronary vessel anomalies CAF is the rare entity(1). Although it is suggested that coronary arterial atherosclerosis affects patients with CAF in the same way as in normal humans (2); the combination of fistula and significant obstruction of the same coronary artery is by far a less frequent phenomenon (2-3). Myocardial ischemia resulting from fistula steal phenomenon cannot be clinically distinguished from that of coronary atherosclerosis, if these conditions coexist in the same patient. Although noninvasive imaging may facilitate the diagnosis and identification of the origin and insertion of CAF, coronary angiography is necessary to show the presence of concomitant atherosclerosis (4).

**Nesligül Yıldırım, Sait M. Doğan, Metin Gürsürer, Mustafa Aydın**  
Department of Cardiology, Faculty of Medicine,  
Zonguldak Karaelmas University, Zonguldak, Turkey



**Figure 1.** A coronary artery fistula is originating from the proximal left anterior descending artery



**Figure 2.** The coronary artery fistula is draining into the pulmonary artery

## References

1. Wandwi WB, Mitsui N, Sueda T, Orihashi K, Sueshiro M, Azuma K, et al. Coronary artery fistula to bronchial artery on contralateral side of coronary atherosclerosis and myocardial insufficiency. A case report. *Angiology* 1996; 47: 211-3.
2. Rangel A, Chavez E, Badui E, Diaz R, Solorio S, Verdin R, et al. Case report of association of congenital coronary fistulae with coronary atherosclerosis. *Rev Invest Clin* 1995; 47: 481-6.
3. Castedo E, Oteo JF, Burgos R, Ugarte M, Cristobal C, Tebar E, et al. Coronary artery fistula as a bypass of a left anterior descending coronary artery stenosis. *Ann Thorac Surg* 1997; 64: 1813-4.
4. Gowda RM, Vasavada BC, Khan IA. Coronary artery fistulas: clinical and therapeutic considerations. *Int J Cardiol* 2006; 107: 7-10.

**Address for Correspondence/Yazışma Adresi:** Nesligül Yıldırım  
Zonguldak Karaelmas University Faculty of Medicine Department of Cardiology  
67600, Kozlu, Zonguldak, Turkey  
Phone: +90 372 261 01 69 E-mail: nesligul2004@hotmail.com

## Aortopulmonary window associated with anomalous right coronary artery: a rare combination

### *Anormal sağ koroner arter ile aortopulmoner pencere birlikteliği görüntülenmesi*

A 4-month-old boy was admitted to our department with dyspnea and clinical findings of congestive heart failure. He had no family history of cardiac disease and consanguineous marriage. At prenatal period, he had no risk factor for developing congenital heart disease. On