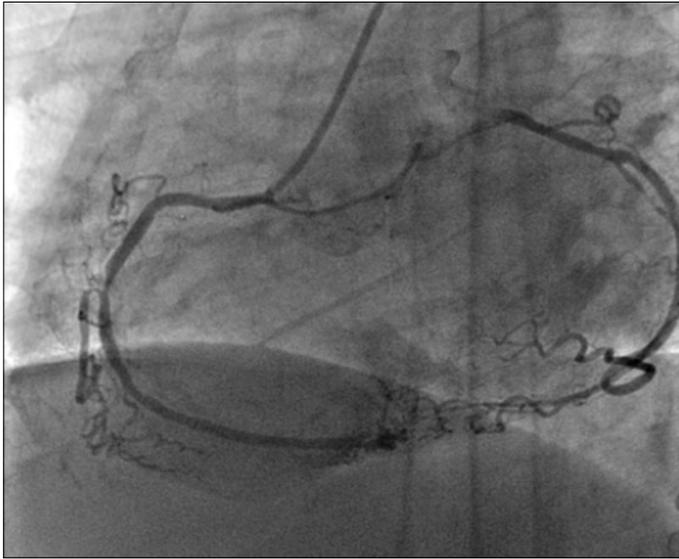


## An imaging of paradox flow in coronary artery collateralization

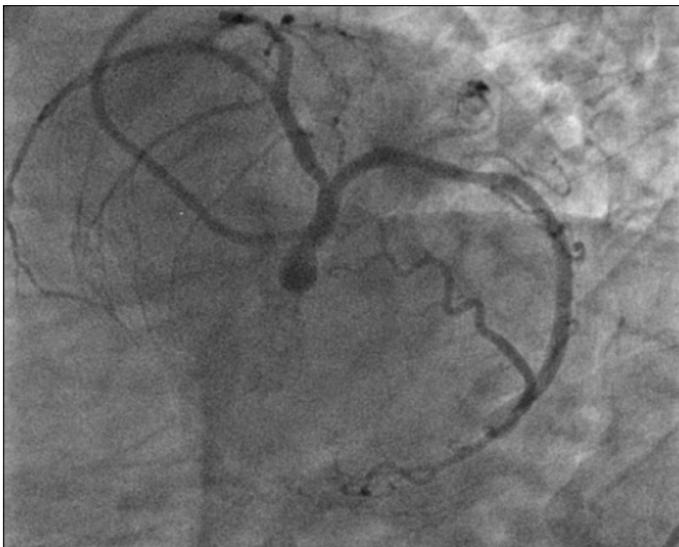
### Çelişkili bir koroner arter kollateral akım görüntüsü

A 63-year old man with stable angina pectoris who had been placed a stent in his left anterior descending artery (LAD) due to anterior myocardial infarction three years ago was admitted to our hospital. His electrocardiogram (ECG) showed QS wave and T-wave inversion on leads V1-4. On echocardiography, he had an ejection fraction of 40%, mild mitral regurgitation, and severe hypokinesia involving the mid-septum and apex. Coronary angiography revealed a stenosis of the mid-right coronary artery (RCA)- 80% and a normal circumflex artery (CX)



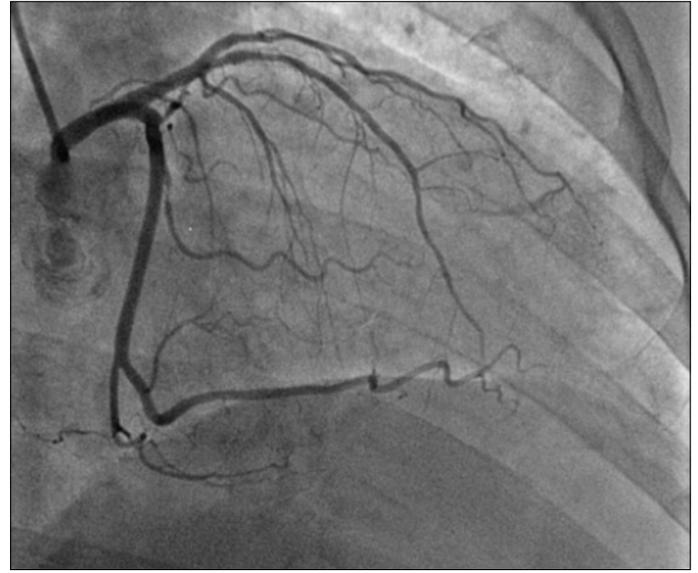
**Figure 1. Right coronary angiogram demonstrating TIMI 3 flow and Rentrop 3 collateral flow to the CX from the RCA despite a high grade lesion-left anterior oblique projection**

CX - circumflex coronary artery, RCA - right coronary artery



**Figure 2. There was no collateral flow to the RCA - left anterior oblique view caudally.**

RCA - right coronary artery



**Figure 3. Left coronary arteriography shows no collateral flow to RCA, with a normal circumflex artery - right oblique projection.**

RCA - right coronary artery

which was well collateralized from the RCA. In addition, there was a stenosis in the rudimentary obtuse margin II -90% and in the LAD-instant 40% after the first diagonal branch having 70% lesion in its proximity (Fig. 1-3 and Video 1-3). On selective right coronary angiogram, despite a high grade lesion of the RCA, there was a good retrograde flow reaching the proximity of LAD via CX (Fig. 1 and Video 1). The distal RCA was free of disease and appeared with a TIMI 3 flow and Rentrop 3 collateral flow to the CX. On the other hand, on selective left coronary angiogram, there was no retrograde collateral flow to the RCA (Fig. 2, 3 and Video 2, 3). Two explanations first came to our mind: Firstly, the formation of lesion of the RCA was new or not old, accompanying an old good focal collateralization between the CX and the RCA due to prior myocardial infarction; Secondly, the coronary collateral channels of the patient may have valve-like structure reversing the flow.

**Aydın Akyüz, Şeref Alpsoy, Dursun Cayan Akkoyun, Niyazi Güler**  
Department of Cardiology, Faculty of Medicine, Namık Kemal University, Tekirdağ-Turkey

**Video 1.** Shows a stenosis of the mid- right coronary artery (RCA)- 80% and Rentrop 3 collateral flow to the CX and then from CX to LAD.

**Video 2.** On selective left caudally projection of left coronary angiogram, there was no retrograde collateralization from CX or LAD to RCA.

**Video 3.** Reveals no collateral flow from CX or LAD to RCA on right caudally projection.

**Address for Correspondence/Yazışma Adresi:** Dr. Aydın Akyüz  
Namık Kemal Üniversitesi Tıp Fakültesi, Kardiyoloji Anabilim Dalı,  
Tekirdağ- Türkiye

Phone:+90 542 411 65 50

Fax:+90 282 262 68 10

E-mail: ayakyuzq5@gmail.com

**Available Online Date/Çevrimiçi Yayın Tarihi:** 23.10.2013

©Telif Hakkı 2013 AVES Yayıncılık Ltd. Şti. - Makale metnine [www.anakarder.com](http://www.anakarder.com) web sayfasından ulaşılabilir.

©Copyright 2013 by AVES Yayıncılık Ltd. - Available online at [www.anakarder.com](http://www.anakarder.com)

doi:10.5152/akd.2013.253