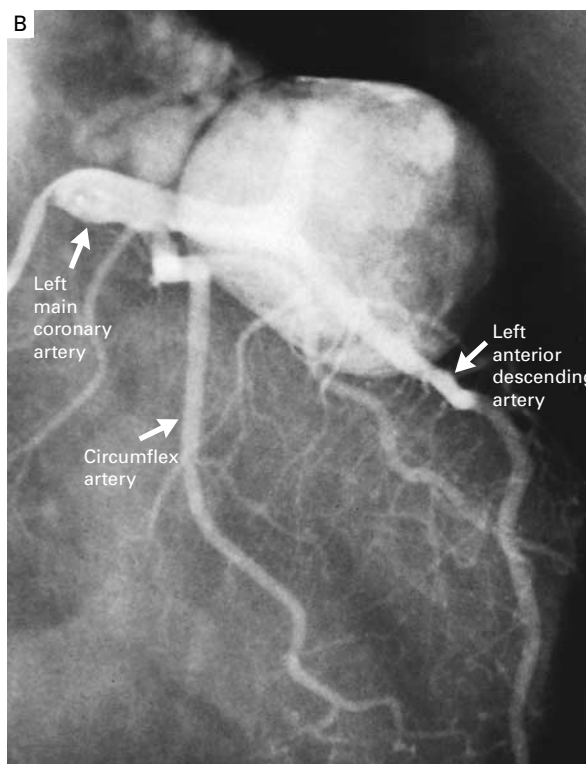
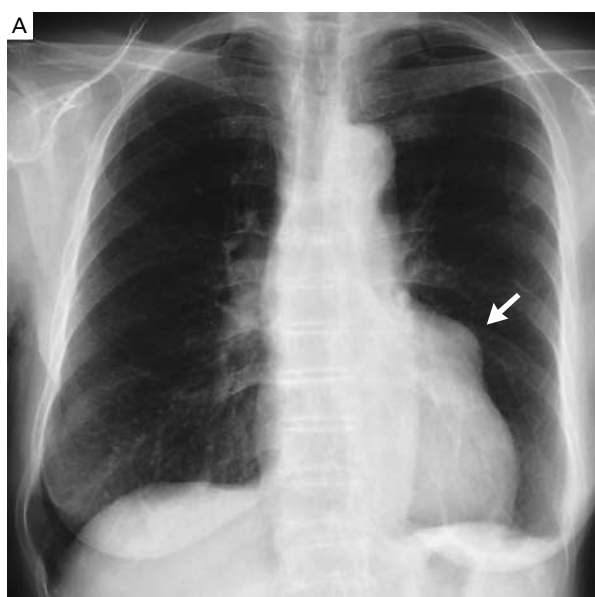




Images in Clinical Medicine



Coronary-Artery Fistula with a Giant Aneurysm

A 77-year-old woman was referred for the evaluation of an abnormal shadow on the left cardiac border on chest x-ray films that had gradually developed over a seven-year period (arrow in Panel A). She had no history of Kawasaki's disease or chest trauma and had no chest symptoms. A loud, continuous murmur could be heard at the upper left parasternal area. A selective left coronary arteriogram (Panel B) revealed a fistula, the middle of which formed an aneurysm measuring 52 by 46 mm. There was also severe stenosis of the left main coronary artery. The fistula originated from the proximal portion of the left anterior descending coronary artery and drained into the pulmonary artery. Intracoronary infusion of isosorbide dinitrate did not relieve the stenosis, and both the fistula and the aneurysm were surgically excised because of the risk of aneurysmal rupture. To protect the myocardium from ischemia, a radial-artery graft was anastomosed from the aorta to the left main coronary artery, and the left internal thoracic artery was anastomosed to the left anterior descending coronary artery. Fifteen months after surgery, the patient was doing well and had no symptoms.

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