Letter to the Editor

Anomalous origin of the right coronary artery

Probal K. Ghosh
Sanjay Gandhi Postgraduate, Institute of Medical Sciences, Chief of CVT Surgery, Raebareli Road, Lucknow 226 014, India

Received 26 November 1996; accepted 11 March 1997

The paper by Nielsen, Steinbrüchel and Kure (Aber-
rant origin of the right coronary artery—diagnostic
and surgical aspects. Eur J Cardio-thorac Surg
1996;10:913–5) adds to the growing awareness of the
problems of this lesion (ARCA) namely ischemia,
arrhythmia, vasospastic angina and sudden cardiac
death (SCD). In fact the English language literature
alone indicates nearly 60 autopsy cases, 250 cases of
angiographic detection, 25 surgical cases and 12 cases
of SCD with ARCA [1]. Limitations of thallium scintig-
raphy has been noted earlier [3,4]. Resting abnormal-
ity of ventricular wall motion without evidence of earlier
myocardial infarction may indicate active resting is-
chemia caused by ARCA [2]. Adequate revasculariza-
tion may restore it. We consider that the presence of
ARCA will mandate myocardial revascularization—es-
pecially in the presence of dominant or co-dominant
ARCA.

References