A 47-year-old woman was admitted for dyspnea. Echocardiography revealed anterior-apical akinesia. Left ventricular systolic function (LVSF) decreased from 45% to 25% at stress echocardiography. Coronary angiography and computed tomography (CT) showed an anomalous origin of left coronary artery from pulmonary artery (ALCAPA) (Fig. 1 and Video 1). A bypass graft and extension of the left main coronary artery (LMCA) was performed. One-year CT confirmed excellent surgery result.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.ejcts.2010.08.004.

Fig. 1. (A) Coronary angiography showed retrograde perfusion of the left coronary artery from the right coronary artery. (B) Computed tomography confirmed large right coronary artery arising from the right coronary sinus and an aberrant LMCA originating from the main pulmonary artery. (C) Intra-operative findings confirmed huge right coronary artery. (D) One-year follow-up CT demonstrated the patency of the left and right internal thoracic arteries performed in first intention and of the reimplanted LMCA (*) on the ascending aorta performed because of the major incongruence between the calibre of the mammary grafts and the ectasic coronary artery. (E and F) CT demonstrated the transpulmonary tunnel position of the Gore-TEX prosthesis (*).