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Aberrant left internal mammary artery off an aberrant vertebral artery

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We present an image of a 65-year-old female with chest pain and cough who underwent a CT of the chest to rule out a pulmonary embolus. While reviewing the images, incidentally noted was an aberrant left vertebral artery arising directly from the aorta distal to the left subclavian artery. Additionally, the left internal mammary artery (LIMA) had an anomalous origin from the left vertebral artery.

To our knowledge, this is the first ever report of an LIMA arising from a vertebral artery. Different origins for the vertebral arteries have been well documented before. The origin of the left vertebral artery from the aortic arch is expected to occur in ~3% of the population, with the branch arising between the left common carotid and left subclavian artery, the most common of the variations.

Anomalies to the origin of the LIMA are much less common, but have also been described in the literature. It is most common from the first part of the subclavian artery (92%), than from the second part (7%), and rarely from the distal third part (1%). There is a single report in the literature of an LIMA originating from the junction of the left subclavian artery and aorta.

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