


**CARDIOVASCULAR FLASHLIGHT**

A 69-year-old woman carrying the hepatitis C virus was admitted to our hospital because of atypical chest pain. Electrocardiogram was normal, except for right axis deviation. Trans-thoracic echocardiography revealed a tumour-like image behind the left atrium (Panel A, asterisk) and a flow towards the inferior wall of the left ventricle (LV) during diastolic phase (Panel A, arrow). A cardiac computed tomography (CT) revealed coronary aneurysm in the left circumflex artery (LCx) (Panel B). Distal portion of LCx was communicated with the left anterior descending artery (LAD) and left ventricular cavity in diastolic phase (Panel C). These findings suggested that the tumour-like image was coronary aneurysm formed in LCx, and LCx was merged to LAD at the distal portion and flowed into LV. Coronary angiography (CAG) unequivocally showed the coronary aneurysm of LCx and coronary fistula. The flow from coronary artery to LV was detected in diastolic phase, but not in systolic phase (Panel D, arrow). With the technological advances of multidetector row CT (MDCT) angiography, cardiac anomalies and atherosclerotic coronary artery disease are evaluated with markedly improved temporal and spatial resolution. However, MDCT cannot provide the precise information of the blood flow direction because we have to fill in contrast material to coronary arteries at the time of scanning. On the other hand, colour flow imaging using routine 2D images of echocardiography is used to identify blood flow within the heart. Thus, by collaboration between cardiac CT and echocardiography, we could evaluate complex anomalies without invasive procedures in this patient.

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