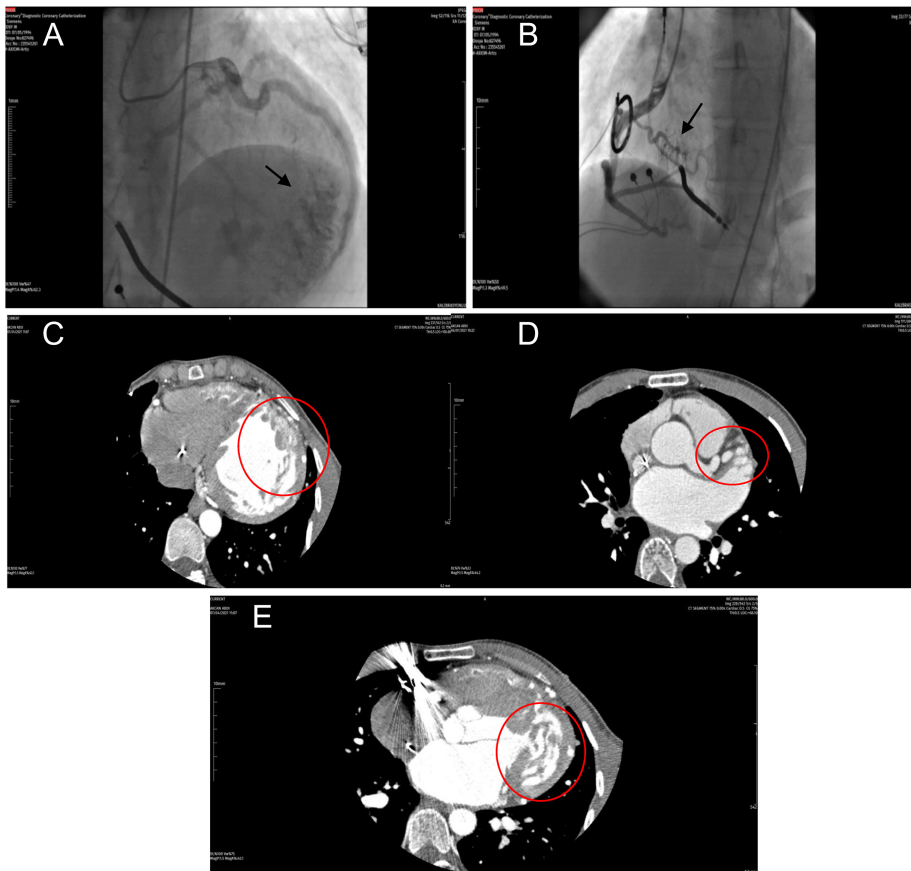


## A Cause of Heart Failure: Corona-Cameral Fistula

### Bir Kalp Yetmezliđi Sebebi: Korono-Kamaral Fistül

The 28-year-old male, who has been followed up with the diagnosis of hypertrophic cardiomyopathy (HCM) since the age of 18, presented to the emergency department with complaints of Intracardiac Defibrillator (ICD) shock, increasing dyspnea, and weakness for the last weeks. He was hospitalized and optimal medical therapy with iv diuretic treatment started for compensation. According to his medical history; the patient had undergone ICD implantation 2 years ago due to Hypertrophic Cardiomyopathy (HCM) and a history of sudden cardiac death in his family. Transthoracic echocardiography revealed reduced ejection fraction (30%), thickening of the interventricular septum (16 mm), and posterior wall (14 mm) with right ventricular dysfunction. After biventricular heart failure and hypertrophy displayed by echocardiography, it was decided that the patient should be catheterized first and discussed in the cardiac transplant

### CASE IMAGE OLGU GÖRÜNTÜSÜ



**Figure 1.** Area pointed by the arrow on Figure (A): During right/left catheterization, coronary angiographic images show fistulization extending into the left ventricle originating from the distal left anterior descending branch (LAD). Area pointed by the arrow on Figure (B): Fistula originating from the right coronary artery (RCA). In the circled area on Figure (C-D-E): Coronary computed tomography angiography images show the course of the left descending artery (LAD) fistula within the left ventricular wall and its connection with the left ventricular cavity.

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council. Coronary angiography performed simultaneously with the right heart catheterization revealed large corona-cameral fistulas originating from both the left coronary and right coronary arteries (RCA). Since these fistulas of the patient increased the symptoms of heart failure but were not suitable for the intervention, a medical follow-up decision was made.

Fistulas are abnormal connections between 2 tissues/organs with a lumen. A fistula located between a coronary artery and a heart cavity is called a corona-cameral fistula. Although they are usually detected incidentally and tend to be asymptomatic, they may rarely present as a triggering factor under some clinical conditions such as angina/heart failure/arrhythmia. The clinical signs are related to parameters such as the structures between which the fistula is located, its size, and the velocity of blood flowing through it.

**Informed Consent:** Written informed consent was obtained from the patient for the publication of the case report and the accompanying images.

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