

## Görüntülü olgu örnekleri

## Case images

### Right coronary-to-bronchial artery fistula on the contralateral side of coronary stenosis *Koroner darlığın karşı tarafında sağ koroner arter-bronşiyal arter fistülü*

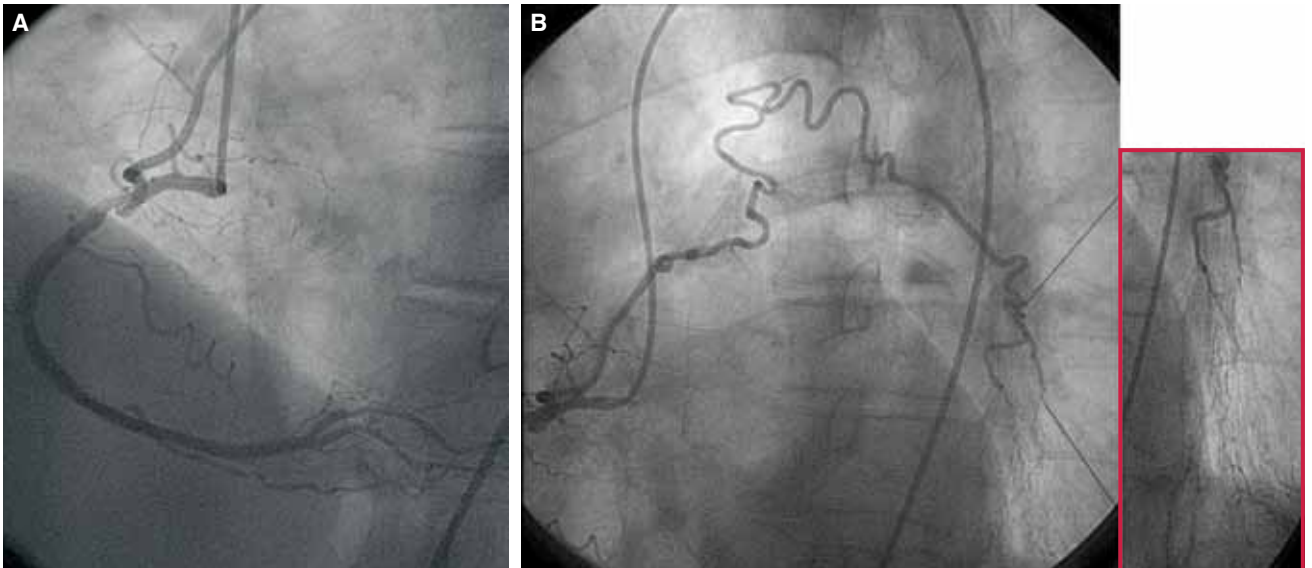
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An 81-year-old male was admitted with complaints of dyspnea and chest pain, squeezing in character. He was a chronic smoker, had bronchiectasis and chronic obstructive pulmonary disease, without any past history of cardiovascular disease. On physical examination, his blood pressure was 135/85 mmHg and pulse rate was 88 bpm, with a mild sys-

tolic murmur at the apex. The electrocardiogram showed sinus rhythm with ST-segment depression in inferior leads. Transthoracic echocardiography showed normal left ventricular diameters and sys-

tolic functions, with hypokinesia in the inferior wall. Coronary angiography performed for the evaluation of symptoms and left ventricular segmental wall motion abnormality revealed significant stenoses in the left main coronary artery and proximal segment of the left anterior descending artery. Cardiac catheterization identified a right coronary artery (RCA)-to-bronchial artery fistula on the contralateral side (Fig. A, B). The fistulous connection originated from the proximal segment of the RCA and communicated with the collaterals of the left bronchial artery. The symptoms of the patient were attributed to significant coronary stenoses and coronary artery-to-bronchial artery fistula was considered to be associated with chronic pulmonary disease. Coronary artery bypass grafting was performed and the fistula was ligated from the origin under cardiopulmonary bypass. The patient was free of symptoms one month after surgery.



**Figures. (A)** Coronary angiography shows a coronary artery fistula originating from the proximal part of the right coronary artery. **(B)** The fistulous connection originates from the proximal segment of the right coronary artery and communicates with the contralateral left bronchial artery.