Coronary ectasia: manifesting as acute coronary syndrome

Himanshu Mahla, Anshu Kabra, Shivakumar Bhairappa, Rangaraj Ramalingam

DESCRIPTION
A 56-year-old woman presented with 2 days history of anginal chest pain. No risk factors for coronary artery disease, except family history in paternal uncle. Cardiac examination was normal. ECG showed ST segment depression in leads V1–V6. Echocardiography showed regional wall motion abnormality in left anterior descending artery (LAD) territory with adequate left ventricle ejection fraction. The patient’s troponin T test was positive according to reference laboratory standards. The patient was diagnosed as having acute coronary syndrome-non-ST segment elevation myocardial infarction.

Coronary angiogram showed triple vessel disease-ectatic coronaries. Proximal LAD was ectatic with occlusion at proximal –mid junction (figure 1, video 1). Left circumflex coronary artery was non-dominant and diffusely diseased followed by occlusion (small calibre vessel; figure 1, video 1). Right coronary artery (RCA) was ectatic diffusely, and appeared as two balloons (figures 2 and 3, videos 2 and 3).

Term ectasia was first used by Bjork.1 Markis et al.2 provided first prospective evaluation of incidence of coronary artery aneurysm. Coronary ectasia is defined as localised or diffuse dilatation of coronary artery ≥1.5 times adjacent normal vessel segment.3 Most common cause of coronary ectasia is atherosclerosis (=50%). Coronary angiography is the investigation of choice.

According to Markis classification, our patient had type II ectasia (diffuse in RCA and localised in LAD). The patient was sent for coronary artery bypass graft surgery and is now doing well.

This case shows a classic example of coronary ectasia with typical ballooned coronary in angiogram.
Learning points

- Coronary ectasia can be found in up to 3–8% of angiograms.
- Ectatic vessels can present as acute coronary syndrome.
- Most common cause is atherosclerosis.

Contributors  HM was involved in the case selection and main manuscript writing.
AK was involved in the collection of references. SB edited the article and RR gave the finishing touch to the article.

Competing interests  None.

Patient consent  Obtained.

Provenance and peer review  Not commissioned; externally peer reviewed.

REFERENCES


Video 2  Left anterior oblique view showing right coronary artery.

Video 3  Right anterior oblique view showing right coronary artery.