Coronary-Pulmonary Artery Fistula

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It is presented the case of a 46 years old man who was admitted with a diagnosis of myocardial infarction. The patient reported that since 16 years old, he has experienced episodes of sweating, and syncope feeling in times of emotional stress.

He consulted by, intensity 8/10, more than 30 minutes with BP 96/54 mmHg, HR 90/mim. The echocardiogram shows ST elevation in DI, AVL, V2 to V6, so it is carried out coronary angiography and angiosplasty with endograft to left anterior descending artery in the middle third and it is evidenced as finding the presence of coronary-pulmonary artery fistula (2).

Coronary artery fistula was first described by Krause in 1865, but it was Trevor who in 1912 published about the subject for the first time, describing the findings at autopsy, where the right coronary artery was connected with the right ventricle (1).

This is an abnormality of the coronary circulation in which one of the coronary arteries communicates through one or more branches, the trunk of the

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Fig. 1. Coronary-pulmonary fistula out of left anterior descending artery, left anterior descending artery occlusion.

Fig. 2. Coronary-pulmonary artery fistula. Reopening of the anterior descending artery.

Fig. 3. Notice how it fills the pulmonary artery through the coronary-pulmonary artery fistula

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