BRITISH HEART JOURNAL

Volume 60
1988

BRITISH MEDICAL ASSOCIATION · TAVISTOCK SQUARE · LONDON WC1H 9JR

and she had cardiomegaly on the chest x ray and a normal origin of a small left coronary artery.

Schwartz and Robicsek believed that this was a hypoplastic left coronary artery that was causing ischaemia. The patient later died from acute myocardial infarction and the diagnosis was made at necropsy. The high origin of the left anterior anomalous descending coronary artery had been noted but its significance was not appreciated.

Seven adults aged 18–55 years have been reported; only one case was male. Angina that required investigation by coronary angiography drew attention to the anomaly.[2–4] One case presented with fatigue which was attributed to severe mitral regurgitation caused by papillary muscle dysfunction.[5] Another case was symptom free and attention was drawn to the abnormality by a continuous murmur.[6] Three patients aged 45, 18, and 55 years had cardiomegaly.[4 5 7] The pattern of anterolateral ischaemia, but not infarction, was shown on the electrocardiogram. Two cases had normal electrocardiograms.[3 5] Several surgical treatments have been described and three out of seven patients were alive after 12, 25, and five months.[3 4 7] Although patients survive to adulthood without symptoms, we consider that when the anomaly is identified in childhood it should be corrected in the hope of preventing damage to the left ventricle.

References

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Notice

British Cardiac Society

The Autumn Meeting will be held at the Wembley Conference Centre, London, on 22 to 24 November 1988. The closing date for receipt of abstracts was 24 June 1988.

The Annual General Meeting for 1989 will take place in Oxford on 6 and 7 April 1989, and the closing date for receipt of abstracts will be 6 January 1989.