



Fig (a) Preoperative electrocardiogram showing ST segment depression in anterolateral leads. (b) An electrocardiogram recorded 48 hours after operation showing acute transmural anterolateral infarction with new Q waves in leads I, aVL, and V6 and ST segment elevation in I, V4 and V6.

In the fetus and in the neonate with physiological pulmonary hypertension the perfusion pressure in the anomalous coronary artery is normal. As the pulmonary artery pressure falls after birth, left coronary perfusion is reduced, causing ischaemic myocardial damage that usually presents as congestive heart failure after two or three months. The age of onset of symptoms varies depending on the rate of fall of pulmonary artery pressure and the development of collateral connections with the right coronary artery. A large arterial duct will maintain adequate left coronary artery perfusion and thus delay presentation until the duct is ligated.

Ortiz *et al* reported a one year old child in whom cardiac failure developed two months after ligation of a large duct.¹ Anomalous origin of the left coronary artery from the pulmonary artery was diagnosed two

years later. Clinical deterioration may, however, be acute, as shown by the progression of events in our patient.

References

- 1 Ortiz E, de Leval M, Somerville J. Ductus arteriosus associated with an anomalous left coronary artery arising from the pulmonary artery: catastrophe after duct ligation. *Br Heart J* 1986;55:415-7.
- 2 Vlodaver Z, Neufeld HN, Edwards JE. *Coronary arterial variations in the normal heart and in congenital heart disease*. New York: Academic Press, 1975:84.
- 3 Robinson PJ, Sullivan ID, Kumpeng V, Anderson RH, Macartney FJ. Anomalous origin of the left coronary artery from the pulmonary trunk. Potential for false negative diagnosis with cross sectional echocardiography. *Br Heart J* 1984;52:272-7.

Notices

Coronary arteriography

The 3rd International Symposium on Coronary Arteriography will take place in Rotterdam on 18 to 20 June 1989. Inquiries to Office for Post Graduate Medical Education, Erasmus University Rotterdam, PO Box 1738, 3000 DR Rotterdam, The Netherlands.

British Cardiac Society

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.

Echocardiology

The 8th Symposium on Echocardiography will take place in Rotterdam on 21 to 23 June 1989. Inquiries to Office for Post Graduate Medical Education, Erasmus University Rotterdam, PO Box 1738, 3000 DR Rotterdam, The Netherlands.