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Research Article

**ABNORMALITY OF LEFT MAJOR CORONARY ARTERY
RISING FROM THE RIGHT SINUS OF VALSALVA**¹Dr Muhammad Jahanzeb, ²Dr Muhammad Musab Abdullah, ³Dr Hani Saeed,
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Muzafargarh³**Article Received:** February 2019**Accepted:** March 2019**Published:** April 2019**Abstract:**

Abnormal source of left coronary artery from right side of aorta is uncommon condition. However this condition is not reported commonly. In this case 48 years patient presented with chest pain. On examination no significant findings were noted. All investigation was remarkable. Electrocardiogram display fluctuation of left bundle branch arrangement with 2nd sinus tachycardia variations. Coronary angiogram showed anomalous coronary arteries arising from right coronary sinus along with coronary cameral fistula connecting the obtuse marginal to left ventricle with no significant disease of coronaries. This case report the association of both these conditions (Khalighi et al., 2018).

Keywords: *Abnormal left major coronary artery ascending from the right side of the aorta.***Corresponding author:****Dr. Muhammad Jahanzeb,**
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INTRODUCTION:

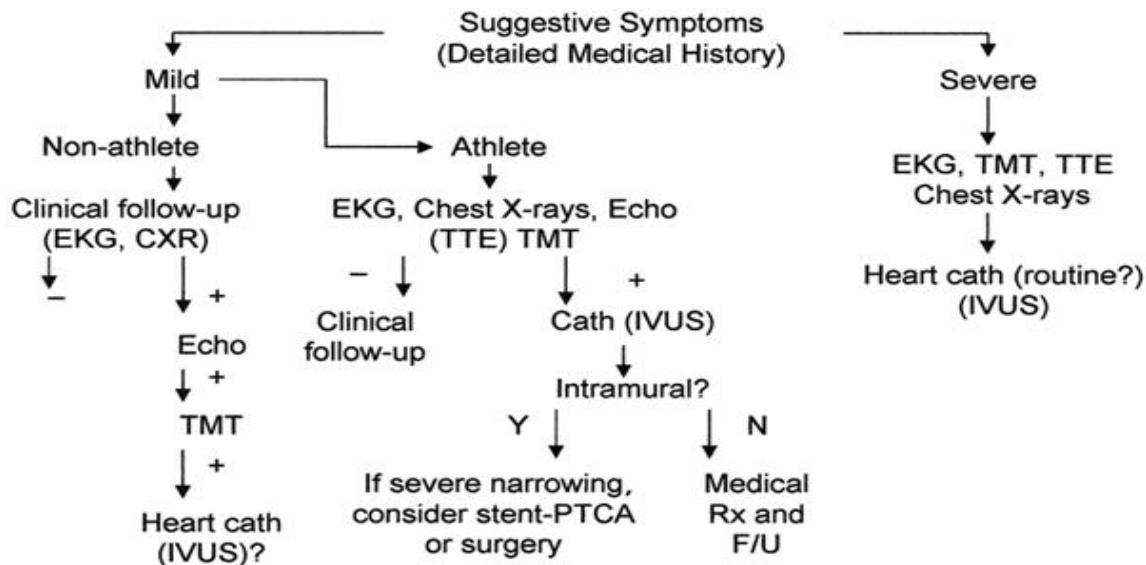
Right coronary artery is arising from the uncharacteristic aortic region beginning of a coronary artery. Major left anterior descending coronary artery rising from the major aorta and the pulmonary vessel on its way to the left side of the heart, which can bloodless pinched vessel generates a myocardial ischemia, vehicular arrhythmias, and surprising cardiac dying. (Nasis et al., 2015) Right coronary artery is upraised to abnormal aortic starting of heart artery. Essential left anterior descending artery is rising from the consequential route of predominant various aorta and the pulmonary artery on its way to the left ventricle, that could bloodless wrapping the vessel and might provide upward thrust death to excessive prediction as like myocardial ischemia, vehicular irregular rhythm and surprising cardiac arrest. The foundation of the Left most important Coronary Artery from the right sinus of Valsalva is one of the uncommon anatomical versions of the coronary artery move. In this case of single ostium inventing from the right side of the heart then giving rise to an abnormal left and right main heart arteries so confirmed by coronary angiogram (Varma et al., 2015). I considered the diagnostic procedures and treatment preferences for this type of coronary anomaly in indicative cases (Imoto et al., 2018).

CASE PRESENTATION:

This is a case of a 48 year old male patient Ghulam Nizam ud Din received on 01 Jan /2019 from emergency department of Public health Hospital Lahore in lethargic condition with the complaints of severe chest pain. Insufficient activity due to the lack of oxygen to daily life, cleaning the bed rest effects. Even after the chest pain, even medical attention has

PATHOPYSIOLOGY:

not been paid. His past medical history includes medical controlled diabetes and high blood pressure. The patient's physical examination becomes irritating and the heart rhythm becomes 84 minutes per minute. Blood pressure is 140/80, and the breathing threshold is 18 minutes. Auscultation the heart sound the left ventricle heart sound 4. Results obtained from evaluation systems other than those mentioned above were normal. Basic shows the branch of the left branch with the left axis deviation and the secondary sinus tachycardia changes on the electrocardiogram. Trans-thoracic echocardiography showing shrink left ventricular size with mild inferior lag and fair lv systolic function, thin of pericardial effusion around heart. ECHO report concluded that normal size LV with fair systolic function. Risk for injury (bleeding) related to suspension of protective clots. History has been positive in two similar event of pervious history. The first time patient was playing basketball in Faisalabad about 25 years ago, and again one year ago, they were running a block to accommodate a bus. Medical first aid was not received in either case Family history of the patient was negative due to as like fainting attacks, sudden collapsed and irregular heartbeat. Social history was positive but negative in terms of smoking. The diagnostic coronary artery chart revealed the presence of a major long left coronary artery from the right sinus of the Valsalva (major coronary artery) with the first septal origin of the left main coronary artery of course the far from the left front descending and the left circumflex was normal. Peripheral angiography is defined as in the symptomatic person with a large number of large narrowing in proximal distal segments. Nursing intervention is deficient knowledge about post-ACS self-care.



The pathophysiology behind fainting, heart attack and sudden collapsing is assumed to be an abnormal artery pressure between the aorta leading to the left ventricle and the pulmonary artery. The course of the mouth and the acute angle of departure may cause injury to the artery occluded by blood flow. It has been suggested that during exercise or pre-angular coronary artery increase the intensity of the aorta and pulmonary root during exercise or hard physical activity, increasing the width of the space in the proximal part of the coronary artery. 48 year old patient suffers from recurrent fainting and myocardial infarction at a time of forced physical activity due to pressure of the main left sided coronary artery in the middle of the aorta and the main pulmonary artery. (Suryanarayana et al., 2018). Pharmacology treatment is given into stat dose, Tablet Aspirin 75MG, Tablet Clopidogrel 75MG (ACS Protocol 300MG), Tablet Atorvastatin 10MG, Tablet Metoprolol Succinate 25MG, Tablet Isosorbide Mononitrate 10MG. In this case surgical treatment of the patient is angioplasty in which indicated for symptomatic patients, particularly left coronary artery rising from the right sinus, such as those with serious ventricular tachyarrhythmia or documented myocardial ischemia (Devesia et al., (2018)

DISCUSSTION:

According to Khalighi (2018) the number of the abnormal aortic source of the coronary arteries is assessed to be around about 0.64% of birth. In young patient with symptomatic of snoop MI, Ventricular arrhythmia of LMS arising from Right sinuses of Valsalva's can be suspected, coronary angio and surgical intervention is essential in such patients. In this case Varma viewed in (2015) the right system of the heart vessels is normal in course and

uncharacteristic LM runs a septal course before dividing into left anterior descending and circumflex. The Unusual LM is not always malignant and keen review angiogram is essential. Imoto described (2018) in which the clinical investigation with invasive strategy diagnosed abnormal aortic origin of the left main heart artery without atherosclerotic obstructions and no relationship with the myocardial ischemic changes. He said, rare diagnostic possibility in patients undergoing angiography aid. According to Aljad suggested in (2017) symptomatic patients with LMS arising from right cusp need surgical correction to avoid complications of MI or sudden death, Anomaly coronary artery from right pulmonary artery needs surgical to avoid history of fall. Kooij (2015) Surgery is safe for the abnormal origin of the coronary arteries. After a short period of surgery, especially in the reconstruction of the coronary artery, there is a risk of heart failure. We firmly believe that an abnormal coronary right in the coronary artery and aortic artery within the mouth is an absolute sign of surgical repair. According to Conti (2018) abnormal heart arteries are a uncommon cause of cerebral palsy, irregular rhythm, myocardial infarction and sudden cardiac death; treatable. Coronary arteries may be associated with hereditary disease or may be lonely abnormalities. According to Laura Ganney (2017), due to lack of diagnosis, due to lack of diagnosis, symptom deficiency and detection occur randomly, showing 0.3-0.6% of cases and 1% during routine autopsy during coronary angiography.

CONCLUSION:

Abnormal heart arteries can be connected with inherited abnormality illness or can be an out of the-way abnormality. In young patient with symptomatic of snoop myocardial infarction, Ventricular arrhythmia

of left main stem emerging from right sinuses of Valsalva's can be suspected, angiography and careful medication is essential in such patients.

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