

[ PICTURES IN CLINICAL MEDICINE ]

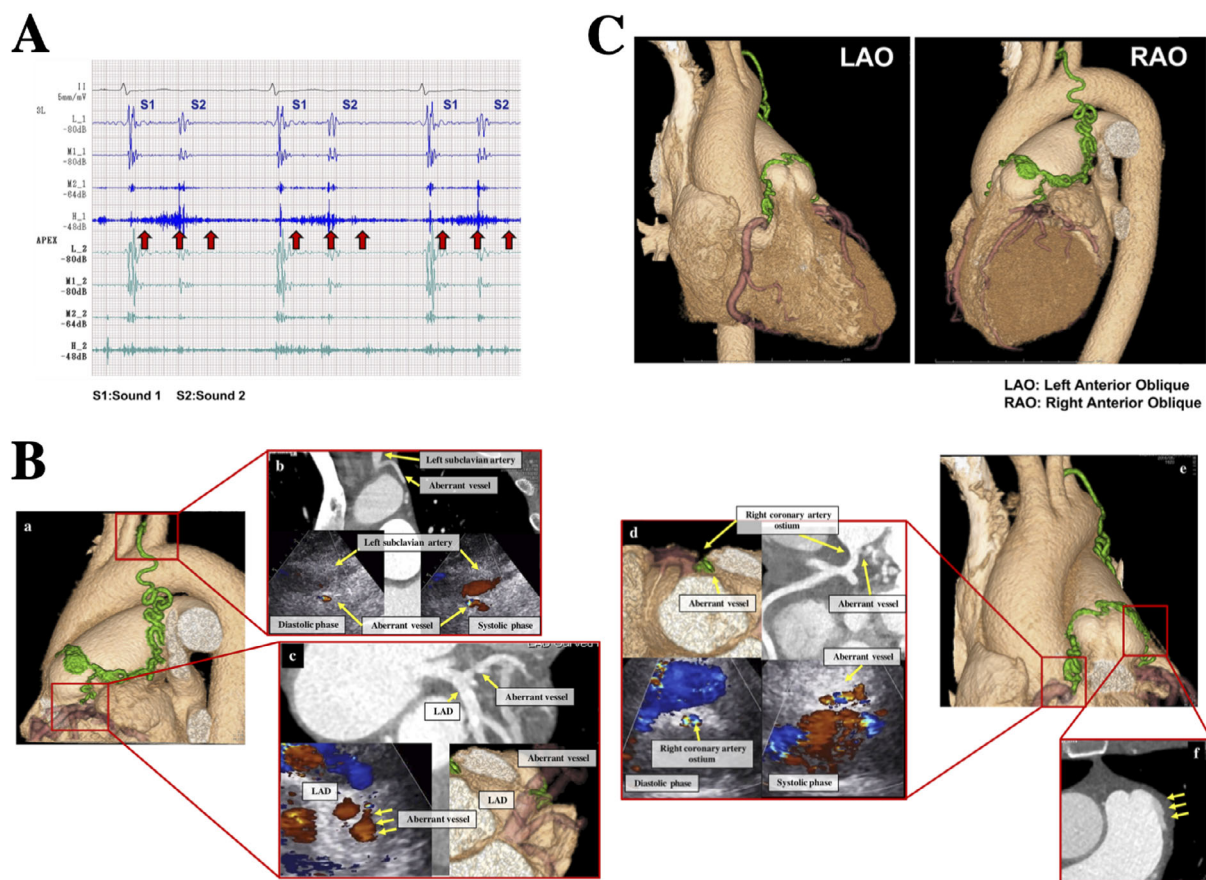
## Coronary Artery Fistula Detected by a Continuous Cardiac Murmur

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**Picture.**

A 48-year-old woman was referred to our hospital to investigate the cause of a cardiac murmur. Auscultation showed a continuous murmur of Levine 2/VI, maximally audible at the third left sternal border (Picture A). Transthoracic Doppler echocardiography revealed an aberrant blood flow adjacent to both the left anterior descending artery

(LAD) (Picture B-c) and right coronary artery (RCA) (Picture B-d), indicating the presence of coronary vessel anomalies. Using a left supraclavicular approach, we detected that one of the aberrant vessels seemed to originate from the left subclavian artery (Picture B-b). Coronary computed tomography angiography (CTA) showed the aberrant vessel

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(green) to be connected to the LAD (red) (Picture B-a) and RCA (red) (Picture B-e), thereby mimicking a coronary artery bypass graft (Picture C). A part of the anomalous vessel associated with the pulmonary artery (PA) was connected to the PA lumen (Picture B-f), therefore most likely causing the continuous precordial murmur. As the patient was asymptomatic, annual observation was continued. If any adverse events were to occur, such as symptoms of exacerbation, an increase in the fistula size, and cardiac chamber en-

largement, then invasive treatment in this case might be necessary. We herein described an extremely rare variant of coronary artery fistula.

**The authors state that they have no Conflict of Interest (COI).**

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