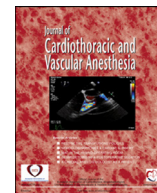


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Letter to the Editor

Echocardiographic Assessment of the Coronary Arteries: Seek and You Shall Find*To the Editor:*

The latest guideline document for performing a comprehensive echocardiographic examination suggests that analysis of the coronary arteries may be neglected.¹ We provide examples of how transesophageal echocardiography can be used to visualize coronary circulation. Manipulation of the transesophageal echocardiography probe from the midesophageal aortic valve short-axis view will reveal the left main coronary artery and its bifurcation into the left circumflex and the left anterior descending coronary arteries (Fig 1, A). The right coronary artery take-off can also be seen by careful probe manipulation of the midesophageal aortic valve long-axis view. An example in this imaging plane is illustrated in Figure 1, B, in which a MitraClip is embolized to the right coronary ostium. Coronary artery stents that extend into the aortic root also may be observed rarely (Fig 1, C). Stent protrusion is thought to occur due to longitudinal stent deformation, anomalous origin of the coronary ostium, or after chest contusion events. Stent protrusion can lead to acute perforation of the aortic valve, severe aortic insufficiency, and pulmonary edema.² Benign coronary anomalies may be interpreted as pathologic. For example, a small echodensity adjacent to the aortic valve in the midesophageal aortic valve long-axis view may represent an

anomalous left circumflex coronary artery originating from the right coronary artery (Fig 1, D). Anomalous origin of the left main coronary artery from the right coronary artery also may be observed in the midesophageal aortic valve short-axis or long-axis view (Fig 1, E).

Conflict of Interest

None.

References

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- 2 Chen H-C, Lee W-C, Fu M. Rail track picture': Diagnosis of the protruding of left main coronary stent by transthoracic echocardiography especially with three-dimensional images. *Eur Heart J Cardiovasc Imaging* 2014;15:946.

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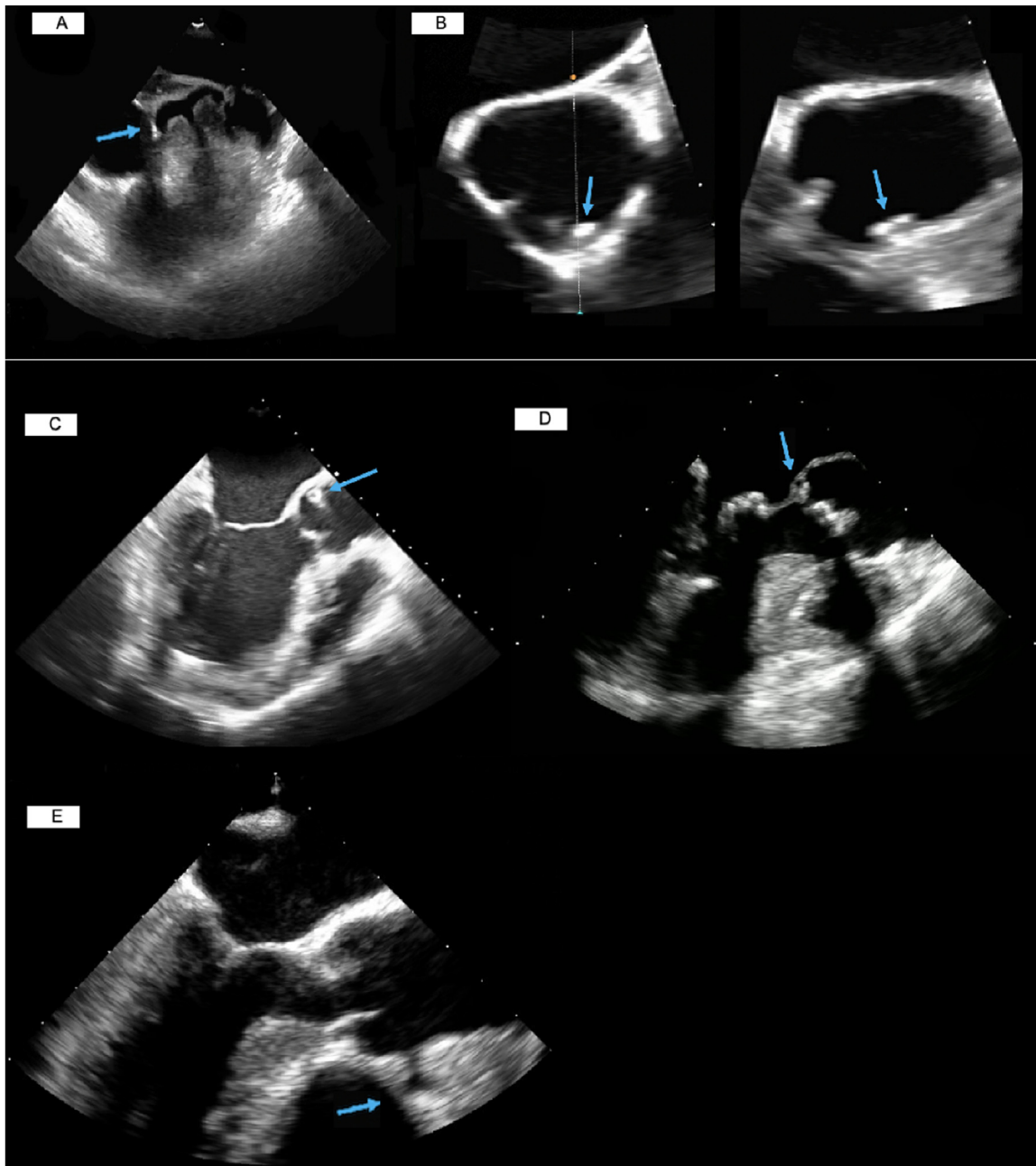


Fig 1. (A) Normal left main coronary artery bifurcation into the left circumflex (straight take-off) and the left anterior descending artery (perpendicular take-off). (B) Dislodged MitraClip embolized to the ostium of the right coronary artery. (C) Coronary stent protruding from the ostium of the left main coronary artery. (D) Aberrant left circumflex artery take-off from the right coronary artery that can masquerade as an aortic root abscess. (E) Anomalous left coronary artery origin from the right coronary artery.