



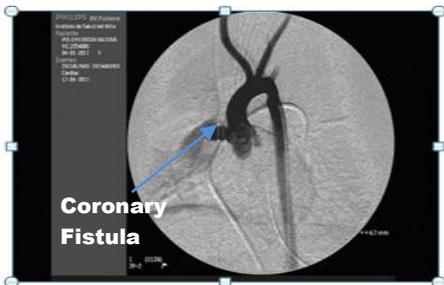
# Coronary Artery Fistula in Infant



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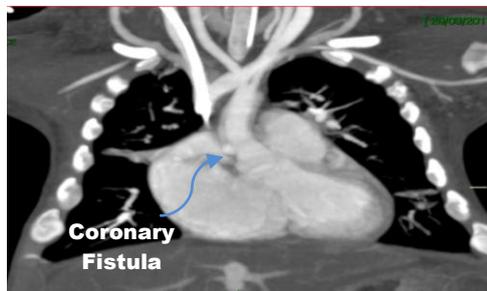
## INTRODUCTION:

Defined as an abnormal connection between a coronary artery and a cardiac chamber or vessel, represents 0.2-0.4% of congenital heart anomalies, is the most common coronary anomaly, occurs in 60% of the right coronary and 40% of the left coronary. They can drain to the right ventricle (40%), right atrium (25%), the pulmonary artery (15%), the coronary sinus (7%), the left atrium (5%) or the left ventricle (3%). Only 10% of 20% of pediatric patients are symptomatic. It is usually congenital, it can be acquired after thoracic trauma, cardiac surgery or surgery.



## CASE REPORT:

Infant of 3 months, W: 3.320, Down syndrome, hospitalized three times due to heart failure and respiratory symptoms presenting cough, rhinorrhea, interrupted lactation, profuse sweating and respiratory difficulty at admission. HR: 154 BR : 58 T: 36.8 SAT: 99%, snoring, expiratory wheezing, sub costal tirage, ejection systolic murmur II / VI in left sternal border pulmonary focus and continuous murmur at level 3 to 4 EII line for right sternal, hepatomegaly. Normal CPK and CPKMB, chest x-ray with cardiomegaly. Normal electrocardiogram Echocardiography: Intraauricular communication OS of 17mm. Tricuspid insufficiency of moderate degree. Ao deficiency of slight degree. Mild pulmonary insufficiency. Dilation of right coronary artery of severe degree of 6mm. Dilation of right cardiac chambers of moderate degree. Left ventricular systolic function preserved. Angiotem: interatrial communication. Dilation of right coronary artery. Catheterization Coronary fistula from right coronary to right atrium (6mm) Mild pulmonary hypertension (PAPS: 39mmhg). Stationary evolution awaiting surgical treatment, closure was attempted by catheterization but due to the tortuosity of the fistula, closure was not achieved.



## CONCLUSIONS:

Surgical closure or interventional catheterization is the treatment for patients with symptoms. Only 10% of 20% of pediatric patients are symptomatic. Some authors recommend leaving the coronary fistula without treatment in pediatric patients if the shunt is small, in the case presented the coronary fistula produced symptoms early and hemodynamic compromise so the indication is the surgical closure when presenting the fistula a complex anatomy.

