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CASE REPORT

Coronary Cameral Fistula in a Nigerian Adult with Chest Pain: A Rare Cause of Angina

Fistule Coronaro-Camérale chez un Adulte Nigérian Souffrant de Douleurs Thoraciques : Une Cause Rare D'angine de Poitrine

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ABSTRACT

BACKGROUND: Coronary artery fistulas (CAFs) are rare defects in the coronary circulation with majority being asymptomatic. A coronary cameral fistula (CCF) is a type of CAFs with an abnormal communication with a cardiac chamber. It is often diagnosed while patients are being investigated for coronary artery disease and diagnosis requires high index of suspicion especially in patients with angina with no obstructive lesions. Symptomatic cases have variable clinical manifestation which depends on the size, origin and drainage site.

Coronary computerised tomographic angiography (CCTA) has emerged as investigation of choice in investigating CAFs due to its high spatial and temporal resolution facilitating accurate assessment of the complex anatomy of CAFs. Treatment strategy for CCF is individualised with consideration for its symptomatology, haemodynamic significance and potential complication. Early diagnosis and treatment can improve outcomes in symptomatic patients.

CASE REPORT: We report the first case of coronary cameral fistula in Nigeria diagnosed by angiography and confirmed by coronary CTA. The patient was managed conservatively with antiplatelets and long-acting nitrates and monitored closely at outpatient follow up.

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KEYWORDS: Coronary camera, Fistula, Angina, Coronary artery disease, Computerised tomographic angiography, Nigeria.

RÉSUMÉ

CONTEXTE: Les fistules coronariennes (CAF) sont des anomalies rares de la circulation coronarienne, dont la majorité est asymptomatique. Une fistule coronarienne camérale (CCF) est un type de CAF avec une communication anormale entre une artère coronaire et une cavité cardiaque.

Elle est souvent diagnostiquée lors d'examens pour des maladies coronariennes, et le diagnostic nécessite une forte indexation de suspicion, notamment chez les patients souffrant d'angine sans lésions obstructives. Les cas symptomatiques présentent des manifestations cliniques variables, qui dépendent de la taille, de l'origine et du site de drainage. L'angiographie tomodensitométrique coronarienne (CCTA) s'est imposée comme l'examen de choix pour l'étude des CAF en raison de sa haute résolution spatiale et temporelle, permettant une évaluation précise de l'anatomie complexe des CAF. La stratégie thérapeutique pour la CCF est individualisée en fonction de sa symptomatologie, de sa signification hémodynamique et de ses complications potentielles. Un diagnostic précoce et un traitement peuvent améliorer les résultats chez les patients symptomatiques.

RAPPORT DE CAS: Nous présentons le premier cas de fistule coronaro-camérale au Nigéria diagnostiqué par angiographie et confirmé par CCTA coronarienne. Le patient a été géré de manière conservatrice avec des antiplaquettaires et des nitrates à action prolongée, et suivi étroitement en consultation externe.

A coronary cameral fistula (CCF) is a type of CAFs with an abnormal communication between a coronary artery and a cardiac chamber. **WAJM2024; 41 (12): 1214-1218**

MOTS-CLÉS: Camera coronaire, Fistule, Angine, Maladie des artères coronariennes, Informatisé

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