

Bland-white-garland syndrome: Choice of surgical technique

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Abstract

An anomalous origin of the left coronary artery from the pulmonary artery (Bland-White-Garland syndrome) was diagnosed in a 48-year-old woman complaining of angina for 7 years. The patient underwent surgical repair with ligation of the left coronary artery at the ostium, and a left internal mammary artery (LIMA) to the left anterior descending (LAD) coronary artery bypass. Arterial pressure monitoring and blood gas analysis of pulmonary artery and LAD was carried out before and after ligation and after LIMA to LAD anastomosis. We demonstrated an increase in systolic blood pressure in the LAD with the ligation of the fistula which did not improve significantly with LIMA to LAD reperfusion. However, there was an increase in coronary diastolic pressure with a persistent diastolic gradient. Review of the available literature and comparative analysis of different procedures suggests that ligation of the ostium plus off-pump LIMA to LAD grafting could be the procedure of choice in adults with this rare but potentially life-threatening, congenital coronary anomaly. © Journal compilation © 2009 College of Surgeons of Hong Kong.

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