**AN UNEXPECTED ECHOCARDIOGRAPHIC FINDING: RIGHT CORONARY ARTERY TO RIGHT ATRIAL FISTULA**

**J.R. Martinez-Parachini**1, M. Khattab1, D. Gilada1, I. Javed1, L. Size2, P. Lozano2

1University of Oklahoma HSC, Oklahoma City, OK, USA

2VA Medical Center, Oklahoma City, OK, USA

This is a 72-year-old male with exertional dyspnea, stress test with reversible ischemia, who underwent cardiac catheterization revealing diffuse stenotic disease and a large calcified fistula from the coronary cusp to the right atrium (RA). Transthoracic Echocardiography (TTE) revealed a large cameral fistula crossing in front of the aortic valve draining into the RA with a sigmoid form. All other parameters on TTE, including the right atrial size were within normal limits. Cardiac computed tomography (CT) confirmed a fistulous tract from the right coronary artery (RCA) to the RA and the team proceeded with ligation of arteriovenous fistula and coronary artery bypass graft. Per the CT, the transverse diameter of the fistula was 1.5-2.0 cm. Patient did well and was discharged 1 week later. This patient presented due to ischemia with incidental findings of RCA to RA fistula on TTE. A coronary artery fistula is defined as an abnormal communication between the coronary artery and a cardiac chamber or great vessel that bypasses the capillary bed. Notably, the patient did not present with the more characteristic high flow to cameral fistula by Doppler. This fistula is most likely a congenital anomaly; reported cases mainly report older patients developing fistulas iatrogenically after invasive procedures. Coronary fistulas are uncommon and a fistula is not easily visualized unless there is underlying clinical suspicion. TTE can be an easy non-invasive strategy to search for coronary fistulas on a case by case basis.

 [](https://files.abstractsonline.com/CTRL/56/D/FF3/35B/76B/493/C80/E87/F6B/E21/6B3/D1/g1211_1.png)