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Nota di contenuto	I From Embriology to diseases -- 1 Embriological development of normal coronary arteries -- 2 Normal and abnormal coronary artery anatomy -- 3 Normal coronary flow physiology -- 4 Myocardial bridge (s) -- 5 Isolated coronary artery fistulas -- 6 Coronary artery abnormalities associated to congenital or non-congenital heart disease -- 7 ALCAPA and ARCAPA -- 8 Aortic anomalous origin of coronary arteries -- II Diagnosis and risk stratification -- 9 Role of patient's history and non invasive tests in the workflow of patients -- 10 Role of CT and MRI -- 11 Role of stress echo and other provocative tests -- 12 New techniques to stratify pts with AAOCOA -- 13 Role of invasive and provocative tests in the workflow of patients (coronary angiography, IVUS, FFR and others) -- 14 The young athlete with coronary artery anomalies: how to detect and what to do -- 15 AAOCOA in children: how to search for and what to do -- 16 AAOCOA and sudden death --

17 AAOCOA and arrhythmias.-III Modelling and treatment(s) -- 18 How Computational modeling may help in decision making and mechanism under standing -- 19 How Computational modeling may help in decision making and mechanism under standing -- 20 data from registries : North American perspective -- 21 data from registries: European perspective -- 22 UK registry study on AAOCOA -- 23 Surgical techniques in AAOCOA -- 24 Pre and post-operative care.

Sommario/riassunto

The coronaries are the first branches of the ascending aorta. They arise from their respective sinuses of Valsalva, and gradually branch distally to the myocardium. Abnormalities of the coronary arteries, either congenital or acquired, can be characterized as a lack of origin, abnormal origin, anomalous course, lack of patency, abnormal connections, and/or abnormal drainage of the coronary vessels. Interruptions to or lack of flow can cause significant morbidity and mortality due to ischemia, infarction and fistulous connections, which can lead to cardiac failure, endocarditis and ischemia. Coronary artery anomalies are rare in general populations. Although they can be benign and asymptomatic, they can also be malignant due to their origin and course and can cause sudden cardiac death. As such, an understanding of how to analyze, diagnose and treat them is vital. This book presents the latest advances in congenital anomalies of coronary arteries. It offers a comprehensive overview of the field, including illustrative angiograms and diagrams that demonstrate all possible anomalies and clarify what is abnormal, and also provides practical insights to guide practitioners in their everyday practice.
